Health and Welfare Canada

Santé et Bien-être social Canada

SENIORS INDEPENDENCE RESEARCH PROGRAM

FUNDED PROJECTS

PROGRAMME DE RECHERCHE SUR L'AUTONOMIE DES AÎNÉS

PROJETS SUBVENTIONNÉS

Canada

SENIORS INDEPENDENCE RESEARCH PROGRAM (SIRP)

Inventory of Funded Projects

Répertoire des projets subventionnés

PROGRAMME DE RECHERCHE SUR L'AUTONOMIE DES AÎNÉ(E)S (PRAA)

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ACRONYMS
ACRONYMES

CHD:	Community Health Division
DSC:	Division de la santé communautaire
HPD:	Health Policy Division
DPS:	Division de la politique de la santé
LCDC:	Laboratory Centre for Disease Control
LLCM:	Laboratoire de lutte contre la maladie
NHRDP:	National Health Research and Development Program
PNRDS:	Programme national de recherche et de développement en matière de santé
NWG:	National Welfare Grants
PSNBES:	Programme de subventions nationales au Bien-être social
PPIB:	Policy, Planning and Information Branch
DGPPI:	Direction générale de la politique, de la planification et de l'information
SIRP:	Seniors Independence Research Program
PRAA:	Programme de recherche sur l'autonomie des aîné(e)s

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INTRODUCTION

The Seniors Independence Research Program (SIRP) was announced in February 1988 as part of Health and Welfare Canada's Seniors' Initiative. The purpose of the Program is to stimulate and support research on the health and social issues related to Alzheimer's disease, osteoporosis and other disabilities which affect the independence of seniors, a section of the population which is increasing rapidly in number in Canada. Research knowledge obtained from this initiative can be used to address policy, program and service issues pertaining to seniors.

An **Advisory Committee** was appointed by the Department consisting of scientists, health providers, policy makers and seniors from across Canada. The mandate of the Committee is to provide advice and consultation to the SIRP program through its managers. (List of members is annexed).

This publication describes the participants who contributed to the realization of this Program, its main activities and gives a short summary of all projects funded through or related to the SIRP initiatives, most of which are still in progress. There are two objectives to producing this inventory. The first is to offer a complete reference tool for projects funded prior to December 31, 1990 for SIRP or SIRP-related projects. Most of the five-year funds were committed by this time, but all projects should be completed by March 1993. The second objective is to encourage communication among researchers and people interested in research on the elderly.

DEPARTMENTAL PARTICIPANTS AND THEIR MANDATE

Community Health Division (CHD)

The Division attempts to strenghthen community health in Canada. It provides information on community health issues to the Department and to other parts of the federal government. It initiates or encourages research into community health issues, facilitates information-sharing and joint action through formal federal/provincial/territorial committees, and supports community action on health through skill development and funding for national voluntary health organizations. The division is coordinating the activities of SIRP and is providing secretariat services for the advisory Committee.

National Health Research and Development Program (NHRDP)

NHRDP supports research for health and related scientific activities to obtain information required by the Department of National Health and Welfare to fulfil its responsibilities to the people of Canada. It also provides support for the training and career development of research personnel in areas related to public health and health services. In addition, the NHRDP offers limited contributions toward the cost of health research oriented workshops and conferences.

National Welfare Grants (NWG)

NWG is a major source of funding for social research and development at the national level. It is the only federal funding program that combines support for research and demonstration projects, human resource development and voluntary organizations under one roof.

Laboratory Centre for Disease Control (LCDC)

LCDC is the national centre for the identification, investigation, control and prevention of human disease. The main output is information for use by the medical community for better disease control and prevention, by policy makers for improved allocation of resources and informed development of policies and legislation, and by the public to moderate behaviour for a healthier lifestyle. The objective of the **Bureau of Chronic Disease Epidemiology** is the reduction of illness and early death due to chronic diseases. Through the Bureau, LCDC is involved in the multicentre study on Alzheimer's disease funded by SIRP to measure the impact of the disease and identify risk factors. Activities are also currently underway to advance research on osteoporosis.

Policy, Planning and Information Branch (PPIB)

PPIB is responsible for providing policy analysis and advice, strategic planning, and information on a wide range of health and social issues and programs, with the objective of enhancing the health and welfare of Canadians. The **Health Policy Division** undertakes health policy research and provides policy support to program branches within the Department, including policy responsibilities related to aging issues and seniors.

Seniors Secretariat

The **Seniors Secretariat** supports the Minister of State for Seniors in achieving the goal of enhancing the quality of life of Canada's seniors. The Secretariat also encourages the development of policies and programs to help maintain seniors' independence, equality and participation in society. Part of its role is to encourage public servants, both federal and provincial; the private sector; and community and non-government organizations to work together and with seniors.

One of the Secretariat's functions is to develop a communications program to inform Seniors of the services and benefits available to them and keep decision makers aware of the real needs of Canada's Seniors.

ACTIVITIES

The SIRP has funded several different types of activities.

- Special competitions to foster and support research into the community health, health care and social services aspects of Alzheimer's Disease and other dementias (October 1988 and October 1989) and osteoporosis (October 1989) were sponsored by NHRDP and NWG.

- A collaborative multicentre study on the risk factors, prevalence and caregiver burden of Alzheimer's disease and dementias in Canada is underway. It involves 18 centres organized into five regional centres. The study is sponsored by NHRDP and coordinated by LCDC and the University of Ottawa.

- A special competition on "Community Health Researchers" was sponsored by NHRDP. Its goal was to provide agencies with financial assistance to support personnel who would conduct research on community based health issues related to the independence of seniors.

- Workshops, national and international conferences were funded through SIRP. Two of those workshops, one on osteoporosis (September 1988) and one on the Determinants of Healthy Aging (September 1989) were held to identify research priorities in these areas.

USER'S GUIDE

The inventory of SIRP funded projects or related to SIRP is organised into five sections, one for each of the participants who provided funds for projects or contracts. Projects are categorized within each section by subject and are listed in alphabetical order according to the author's name.

Each project description includes the title, the author's name and his/her address followed by a short résumé of the project itself. For the projects funded by NHRDP and NWG, the file number is indicated.

The SIRP inventory contains two indexes, one of which classifies under seven subjects, all projects funded by or related to SIRP. This Index will facilitate identification of the projects which are in the reader's field of interest. The other one lists the authors or principal investigators in alphabetical order, and includes addresses.

INTRODUCTION

Le Programme de recherche sur l'autonomie des aîné(e)s (PRAA) a été annoncé en février 1988 comme un élément de l'initiative relative aux aîné(e)s du ministère de la Santé nationale et du Bien-être social Canada. Le Programme de recherche sur l'autonomie des aîné(e)s a pour objectif de favoriser et de soutenir la recherche sur les questions socio-sanitaires reliées à la maladie d'Alzheimer, à l'ostéoporose et aux autres incapacités qui affectent l'autonomie et la qualité de vie des personnes âgées. Ces recherches permettent d'acquérir des connaissances qui seront utiles pour améliorer les politiques, les programmes et les services conçus pour les aîné(e)s dont le nombre augmente plus vite que jamais au Canada.

Le PRAA est aussi doté d'un **Comité consultatif** formé de scientifiques, de prestateurs de soins de santé, de planificateurs et de personnes âgées de diverses régions du Canada. Ce comité a pour mandat de fournir des conseils et des services consultatifs aux responsables du PRAA. Le président et les membres sont nommés par le ministère. (Liste des membres en annexe).

Cette publication présente les partenaires qui ont contribué à la réalisation de ce programme, les principales activités effectuées de même qu'un répertoire des projets subventionnés dans le cadre de l'initiative de recherche relative aux aîné(e)s ou reliées à cette initiative. Le présent répertoire renferme la liste de tous les projets subventionnés au 31 décembre 1990, date à laquelle la plus grande partie des fonds prévus pour le PRAA avaient déjà été engagés. La majorité des projets présentés sont en cours et devraient être terminés en mars 1993 au plus tard. Ce répertoire favorisera les échanges entre les chercheurs et sera utile à tous ceux qui s'intéressent à ce domaine.

LES PARTENAIRES DU MINISTERE ET LEUR MANDAT

Division de la santé communautaire (DSC)

La **Division de la santé communautaire** contribue à la consolidation de la santé communautaire au Canada. La Division fournit des informations sur des questions relatives à la santé des communautés au ministère de la Santé nationale et du Bien-être social ainsi qu'à d'autres ministères ou organismes fédéraux. Elle initie ou supporte des recherches sur des questions de santé communautaire, facilite le partage d'informations et actions conjointes par sa contribution aux comités fédéraux, provinciaux et territoriaux et supporte l'action communautaire pour la santé par son implication dans le développement de certains projets et en subventionnant des organisations nationales bénévoles. La Division coordonne les activités du Programme de recherche sur l'autonomie des aîné(e)s et assume les services de secrétariat pour le comité consultatif.

Programme national de recherche et de développement en matière de santé (PNRDS)

Le **PNRDS** supporte les activités de recherche scientifiques reliées à la santé pour obtenir l'information requise par le ministère de la Santé et du Bien-être social pour remplir ses responsabilités à l'égard des canadiens et des canadiennes. Il favorise également la formation et les plans de carrière des chercheurs en santé publique et en services de santé. En plus, le PNRDS offre des subventions limitées pour financer des ateliers et des conférences portant sur la recherche en santé.

Programme des subventions nationales au bien-être social (PSNBES)

Le **PSNBES** constitue une importante source de financement des activités de recherche et de développement entreprises dans le domaine social et à l'échelle nationale. C'est le seul programme fédéral de financement qui offre sous le même toit une aide pour la recherche, les projets pilotes, le développement des ressources humaines et les organismes bénévoles.

Laboratoire de lutte contre la maladie (LLCM)

Le **LLCM** est le centre national de reconnaissance, d'enquête, de lutte et de prévention en ce qui concerne les maladies humaines. Il produit principalement de l'information qui permet à la collectivité médicale de mieux enrayer et de mieux prévenir la maladie, aux décideurs de mieux affecter les ressources et d'établir en connaissance de cause des politiques et des lois, et au public de modérer son comportement afin de mener une vie plus saine. L'objectif du **Bureau de l'épidémiologie des maladies chroniques** est de réduire la morbidité et la mortalité prématurée attribuables à des maladies chroniques. Par son bureau, le LLCM est impliqué dans l'étude multicentre subventionnée par le PRAA sur la maladie d'Alzheimer afin de mesurer l'impact de la maladie et d'en déterminer les causes. Des activités sont aussi réalisées pour faire avancer la recherche sur l'ostéoporose.

Direction générale de la politique, des communications et de l'information (DGPCI)

La **DGPCI** est chargée de fournir des services d'analyse, de conseil, de planification stratégique et de l'information sur une vaste gamme de questions sociales et de programmes en vue d'améliorer la santé et le bien-être des Canadiens. La **Division de la politique de la santé** effectue des recherches sur les politiques et accorde un soutien en matière de politiques aux directions générales du Ministère qui sont chargées de programmes; entre autres, elle a la responsabilité des politiques relatives au vieillissement et aux aîné(e)s.

Secrétariat du troisième âge

Le **Secrétariat du troisième âge** aide la ministre d'État pour le Troisième Âge à atteindre l'objectif qui consiste à améliorer la qualité de vie des aîné(e)s au Canada. Le Secrétariat encourage aussi l'élaboration de politiques et de programmes qui permettent de maintenir l'autonomie, l'égalité et la participation des aîné(e)s dans la société. Une partie de son rôle consiste à stimuler les fonctionnaires, tant fédéraux que provinciaux,les entreprises privées, les communautés et les organismes non gouvernementaux à travailler ensemble et avec les personnes du troisième âge.

Une des fonctions du Secrétariat est d'élaborer un programme de communications pour renseigner les aîné(e)s sur les services et les prestations dont ils peuvent bénéficier et pour tenir les décideurs informés des besoins des aîné(e)s du Canada.

LES ACTIVITES

Le PRAA a subventionné divers types d'activités.

- Des concours spéciaux visant à promouvoir et à appuyer la recherche, du point de vue de la santé communautaire, sur les soins de santé et les services sociaux ont été parrainés conjointement par le PNRDS et par le PSNBES. Ces concours ont porté sur la maladie d'Alzheimer et d'autres formes de démence (octobre 1988 et octobre 1989) et sur l'ostéoporose (octobre 1989)

- Une étude multicentre a été planifiée pour évaluer les facteurs de risque et la prévalence de la maladie d'Alzheimer et des démences au Canada, et évaluer leurs répercussions sur les dispensateurs de soins. Cette étude implique 18 centres réunis sous cinq centres régionaux. Elle est parrainée par le PNRDS et coordonnée par le Laboratoire de lutte contre la maladie (LLCM) et l'Université d'Ottawa.

- Un concours spécial appelé "Chercheurs en santé communautaire" a été parrainé par le PNRDS. Ce concours (novembre 1989) était destiné aux organismes communautaires afin d'effectuer des recherches relatives à l'autonomie des aîné(e)s.

- Des conférences et des ateliers nationaux ont été subventionnés par le PRAA. Deux de ces ateliers, dont l'un sur l'ostéoporose (septembre 1988) et l'autre sur les "Déterminants du vieillissement en santé" (septembre 1989) avaient pour objectifs d'identifier les priorités de recherche dans ces domaines. Le PRAA a aussi contribué financièrement à l'organisation de conférences internationales.

GUIDE D'UTILISATION

Le répertoire des projets subventionnés dans le cadre du PRAA est organisé en cinq sections, une pour chacun des partenaires qui ont contribué financièrement aux projets ou aux contrats. Les projets sont classés à l'intérieur de chacune des sections par sujets et listés par ordre alphabétique du nom d'auteur.

La description de chacun des projets inclus le titre, le nom de l'auteur et son adresse suivi par un court résumé du projet. Pour les projets subventionnés par le PNRDS et le PSNBES, le numéro de dossier est indiqué. Deux index se trouvent à la fin du répertoire. L'un regroupe sous sept thèmes l'ensemble des projets subventionnés par le PRAA ou qui y sont reliés; il permettra aux utilisateurs d'identifier rapidement les projets qui se situent dans ses champs d'intérêt. L'autre présente les auteurs ou chercheurs principaux par ordre alphabétique. Cet index inclus leur adresse.

National Health Research and Development Program
Programme national de recherche et de développement en matière de santé

Projects are described in the official language used by the principal investigator in the project proposal.

Les projets sont décrits dans la langue officielle utilisée par le chercheur principal dans la proposition du projet.

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* In this subject, some projects related to caregiver are also included, for more details, see Index by subject, point 3.

* Certains projets reliés aux dispensateurs de soins sont aussi inclus dans ce thème, pour plus de détail, consulter l'index par thème au point 3.

MULTICENTRE STUDY
ETUDE MULTICENTRE

The Canadian Study of Health and Aging (Canadian Collaborative Study of the Epidemiology of Dementias, Including Alzheimer's Disease)

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(6606-3954-MCS)

In February 1988, the Minister of National Health and Welfare announced a federal government initiative to improve the quality of life for the senior citizens of Canada. As part of this initiative, a collaborative epidemiological study on Alzheimer's disease and other dementias was developed by the University of Ottawa and the Laboratory Centre for Disease Control (LCDC). Funding for the study will come from the **Seniors Independence Research Program (SIRP)** through the **National Health Research and Development Program (NHRDP).**

This project involves a total of 18 centres, including every province. The objectives of the study are 1) to estimate the prevalence of memory problems, in particular Alzheimer's disease, among elderly Canadians; 2) to determine the factors influencing the risk of Alzheimer's disease; 3) to measure the burden on those who care for elderly Canadians with memory problems; and 4) to create a data base for future research on Alzheimer's disease and related problems. The study will take about 15 months to complete and data analysis will take another 10 months.

ALZHEIMER'S DISEASE AND OTHER DEMENTIAS
MALADIE D'ALZHEIMER ET AUTRES DEMENCES

Driving Performance in the Cognitively Impaired Elderly

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(6610-1759-S)

Driving motor vehicles in our society is a mark of independence. Older citizens tend to drive less frequently but have more accidents per mile driven. As well, older citizens may have insidious onset of chronic dementing disorders which may very likely compound the physiological, visual and other changes which occur with increasing age.

Lack of basic information about the specific driving problems of the cognitively impaired elderly driver makes it very difficult to determine the most suitable and valid means of assessing fitness to drive. This study aims to develop more objective criteria to assess driving simulator, a closed course driving task, a standardized motor vehicle driving examination and visual processing assessment. This study is unique and involves the collaboration of several agencies including the Ministry of Transportation Motor Vehicle Branch, the Insurance Corporation of British Columbia, and G.F. Strong Rehabilitation Centre. It is a project which addresses the community at large and will contribute to minimizing hazards in the driving environment.

Dementia at Home: A Longitudinal Study of Dementia Patients and Their Caregivers

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(6606-4039-S)

In the first stage of this research project the investigators examined 200 community based dementia patients and their caregivers and were able to begin differentiating the most vulnerable situations whereby caregivers are no longer able or willing to continue supporting their dependents.

The purpose of this phase of the research project is to follow a group of dementia patients residing in the community and analyze how they and their caregivers cope with the progression of the disease. In following a sample, for which a large amount of data has already been collected, it will be possible to document changes in caregiver stress, service use, decision to institutionalize as well as outcome following institutionalization. By describing this sample in detail at various stages in the disease process, a more complete and realistic picture of their social services needs will be outlined.

Psychosocial and Neurocognitive Predictors of Behaviour in Persons With Alzheimer's Disease

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(6609-1563-S)

There is an increasing number of elderly persons who suffer a dementing illness and Alzheimer's Disease (AD) is by far the most common form of dementia. In the absence of preventive techniques or cures, the placement, care and management of dementia patients continue to be of major concern. Clinically, individual patients appear to vary widely in type and extent of the management problems (aggressiveness, wandering, dis-orientation, etc.) they present. Unfortunately, there is almost no research documenting the actual behavioral patterns of AD patients, nor about predictive information that could identify individuals who will require specialized facilities or management. The goals of this research are to document the behavioral patterns of a large number of clinically diagnosed AD patients and to attempt to identify neuro-cognitive and psychosocial predictors of particular behavioral patterns. Predictors of behavioral patterns that present management problems are of special concern. The findings can enable a more rationalized basis for placement, reduce the necessity for transfer of patients and provide a knowledge relevant to the development of management programmes.

Étude descriptive sur l'utilisation des contentions en milieu d'hébergement et de soins de longue durée (formulation de projet)

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(6605-3202-S)

Depuis plusieurs années, l'alourdissement des incapacités et déficiences de la clientèle impose des considérations cliniques auxquelles les bénéficiaires et l'équipe soignante ont à s'ajuster. À ce sujet, la qualité de vie en milieu d'hébergement et en département de soins de longue durée se fonde d'abord sur la qualité des soins de prise en charge de personnes âgées fortement atteintes tant sur le plan physique que cognitif. L'observation clinique démontre que le personnel soignant a très souvent recours à l'utilisation de *contentions physiques*, chimiques ou les deux à la fois. Les personnes âgées démentes sont parmi les plus sujettes à être mises sous une quelconque contention. Afin de cerner cette situation dans les milieux gériatriques et de pouvoir mieux en connaître les besoins, il y a lieu de formuler une recherche descriptive sur l'utilisation des contentions en milieu d'hébergement et de soins de longue durée, et particulièrement chez les personnes atteintes de démence, tout en ayant comme objectif général une amélioration éventuelle de leur qualité de vie. Sur le plan pratique, cela permettra de cerner les perceptions des personnes âgées vivant la contention et d'identifier les attitudes et les motifs du personnel soignant appliquant la contention. La contribution spécifique du projet se situe dans le fait que la littérature ne décrit aucune recherche sur le sujet des contentions en milieu de longue durée. Les résultats de la recherche devraient contribuer à la valeur, la nécessité des contentions et décrire des méthodes alternatives influençant la qualité de vie des personnes âgées. L'usage des contentions sera décrit selon ses effets sur des variables physiques, psychologiques et environnementales observées chez les personnes âgées démentes et non-démentes. À cette fin, on élaborera un guide d'observation permettant de reconnaître l'impact de ces diverses variables. Les méthodes de cueillette des données, d'analyse et de présentation des résultats restent à préciser.

Development of a Battery for Assessment of Spatial Orientation Skills (SOS) for Persons With Alzheimer's Disease

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(6605-3192-AD)

To be spatially oriented is to know where one is in the environment and to have the ability to navigate in that environment. There is a general consensus that individuals with Alzheimer's Disease (AD) commonly display deficits in spatial orientation. This project proposes the development of a battery for assessment of spatial orientation skills

(SOS) for persons with Alzheimer's Disease. Three objectives are to be completed.

1) obtain normative data on 100 healthy elderly subjects;

2) establish external and internal reliability of the SOS battery with healthy and AD subjects; and

3) establish content, construct and criterion validity with healthy and AD subjects.

This study will contribute a valid and reliable clinical tool, a better understanding of spatial disorientation and a basis for the development of coping strategies for the AD individuals.

A Genetic Epidemiology Study of Alzheimer's Disease (AD)

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(6605-3496-MC(S))

The researchers propose a full scale epidemiology study in the Saguenay-Lac-Saint Jean area of Quebec. The study can be accomplished because the IMAGE Project registry is a census of all living cases in the region. Moreover, detailed genealogies for the whole population are available back to 1842 (soon back to 1680). The analyses will initially be performed on the SLSJ-AD population of cases and their living relatives; the researchers will then repeat the analyses adding cases and non-cases identified among deceased relatives. The disease status of dead relatives will be determined through interviews with former caregivers using the family history method and a questionnaire for retrospective diagnosis of AD developed by the group. The lifetime risk of developing AD among first degree relatives, one of whom is known to have AD, will be evaluated using IMAGE's newly derived adaptation of a specific survival analytic methodology, the Kaplan-Meir procedure. To test the hypothesis that there is familial aggregation of AD in the region, the researchers will use a recently studied measure, the Family Risk Index. The researchers will test pure genetic models using sophisticated biostatistical methodologies and the researchers will test the same models with an environmental component. In a third wave of analyses, the researcher will perform separate analysis on subgroups defined by the clinical/pathologic parameters. Performing the analyses using subgroups that are more homogeneous than the entire population of AD cases should increase the power of the study given sufficient sample size. Because of the large number of prevalent cases to be identified, division of the AD population into three or more subgroups is certainly feasible.

Estimating Premorbid Intelligence in Demented Persons

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(6601-1165-MC(S))

This investigation attempts to improve on current techniques for estimating premorbid intelligence in subjects suspected of Alzheimer's disease. The literature suggests that IQ estimates based on the National Adult Reading Test (NART) are as impervious to dementia effects as those based on demographic variables. However, they are more highly correlated with standardized IQ tests scores in control populations. Accordingly, the NART will be piloted on a group of Alzheimer's patients and a group of matched controls.

Étude des facteurs associés au bien-être des soignants naturels principaux des malades atteints de la maladie d'Alzheimer et élaboration d'un programme d'intervention

Louise Lévesque
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(6605-3198-S)

Cette étude a deux buts principaux: 1) d'évaluer systématiquement l'importance relative des facteurs qui influencent le bien-être du soignant naturel principal (SNP) d'une personne atteinte de démence du type Alzheimer (DTA); 2) d'évaluer, après deux ans, les changements possibles du bien-être des SNP. Les facteurs retenus pour cette recherche sont ceux provenant du malade (e.g. comportements dysfonctionnels), du SNP (e.g. tolérance aux comportements, styles d'encadrement, mécanismes de "coping", connaissances, tâches de soins) et de l'environnement social de la dyade soignant- soigné (e.g. soutien de la famille et des services professionnels). Les dimensions du bien-être du SNP qui risquent d'être affectées du fait de prendre soin du malade sont la santé physique, la santé mentale, les activités sociales et le fonctionnement familial. La population qui participera à cette étude est celle recensée par le Projet IMAGE, qui est un registre des malades atteints de DTA au Saguenay-Lac-St-Jean et qui comporte déjà des données médicales, biologiques, génétiques, épidémiologiques et neuropsychologiques. Les chercheurs comptent compléter des entrevues auprès de 275 SNP pour ce projet d'étude longitudinal. Le but ultime de cette recherche est d'élaborer un programme visant à améliorer l'état de bien-être du SNP en mettant l'accent sur les facteurs susceptibles d'être modifiés par une intervention. Les données recueillies leur permettront vraisemblablement de déboucher sur un modèle de prise en charge des malades de DTA par les SNP.

A Clinicopathological Study of Senile Dementia Alzheimer Type (SDAT): Clinical Investigations (Completed)

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(6606-2889-44)

This project is a continuation of work already funded by the Medical Research Council and other agencies to explore the relationships between the changes of Alzheimer's Disease in life and the findings in the brain after death. This proposal, for the clinical part of the University of Western Ontario Dementia Study, is linked with a pathological proposal by Dr. M.J. Ball and the same large group of investigators from the University of Western Ontario. The Study involves investigations by clinical examination and repeated psychological tests, electroencephalograms and CT scans (computerized axial tomography of the brain) on 300 patients with dementia and 200 volunteer control subjects. The first aim is to improve the diagnosis of Alzheimer's Disease and establish better clinical techniques. The authors have found two types of the disorder in terms of nerve cell changes after death and aim to establish the significance of this for clinical investigation, e.g., which type starts younger and which lives longer, whether one type has more language disorder or is inherited or shows different biochemical features. A second major aim is to improve diagnosis for SDAT overall. A third aim is to establish which pathological change in the cells is the most important one. There are five such changes which are being studied by Dr. Ball concomitantly in the brains of deceased patients.

Assessing the Benefits of Exterior Use Areas in the Treatment of Institutionalized Seniors Suffering from Alzheimer's Disease and Related Dementias

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(6609-1756-555)

This project seeks to assess the benefit of exterior use areas in special care facilities, i.e., long term care facilities for patients with Alzheimer's disease and related dementias. The exterior use areas have been designed especially for the study population using most current knowledge. A secondary objective of this study is to validate or negate the design guidelines used in designing the special care gardens. This information will be used in the design of other facilities for treatment of Alzheimer's patients.

Social and Cognitive Intervention for Persons With Alzheimer's Disease

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While progress is being made towards understanding the cause of Alzheimer's disease, there is reason to believe it will be some time before such research will make it possible to either prevent the disease or clinically treat persons affected so as to alleviate its effects. Given the significant challenge that Alzheimer's disease presents to caregivers, it is essentialthat research be undertaken as to ways and means of both enhancing the ability of caregivers to cope and improving the quality of life for persons affected by the disease. To date only a limited amount of research has been undertaken testing the effectiveness of social and cognitive intervention strategies with elderly persons, and specifically with persons having Alzheimer's disease. The purpose of this project is to design and develop a detailed proposal for a comparative study of social and cognitive interventions with persons having Alzheimer's disease and related dementias.

Comparison of the Geriatric Mental State (Version A) and the Screening Battery Used in the Canadian Study of Dementia

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(6609-1662-MC(S))

In this study, subjects participating in the Edmonton arm of the Canadian Collaborative Study of the Epidemiology of Dementias will be administered the Geriatric Mental State examination (version A). This will enable the screening battery used in the Canadian study and a multicentre WHO project using the GMSA to be compared, and provide a link between the Canadian prevalence rate of dementia and rates found in other countries.

Family Studies in Alzheimer's Disease in Western Canada

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(6610-1857-MC(S))

This project is an "add-on" of the Canadian Collaborative Study of the Alzheimer's Disease and Other Dementias which will identify 240 persons with dementia of the Alzheimer type (DAT) and 960 controls in Western Canada and administer a "risk factor" questionnaire asking about relatives of cases and controls with "dementia, forgetfulness, senility, Alzheimer disease".

This "add-on" will look at familial risks for DAT and the frequency with which familial (autosomal dominant) Alzheimer disease (FAD) occurs. Familial risks for DAT in an unselected population are difficult to obtain. The data from the Epidemiology Study will provide the largest study group on which to examine this issue. It is estimated that 10–15% of DAT cases (24–36 cases in Western Canada) may represent FAD. This study will also identify and document FAD families in Western Canada and collect DNA from appropriate family members for further analyses.

The results from this study will (1) greatly enhance the understanding of the familial nature of DAT, (2) allow population-based estimates of lifetime risks for DAT among relatives of persons with DAT compared with control families and (3) provide an excellent collection of FAD families for further investigations.

The Environment-Behaviour Interaction Code: Psychometric Evaluation and Profile Development

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The purpose of this project is to test the reliability and validity of two observational scales developed to monitor ongoing change in problem behaviour of elders with Alzheimer's disease or other dementias, and concurrent change in social and nonsocial aspects of the residential environment. Categories from the two scales will be used to develop an interactive coding system to allow testing of sequential hypotheses, e.g., does the demented resident initiate antisocial behaviour or does environmental stimulation precipitate disruptive or unsafe behaviour? To the extent that environmental predictors can be established in later studies, interventions can be developed and tested for caretakers in both institutional and home settings.

Augmentation de la détresse psychologique de l'aidant dans le temps et en fonction de la sévérité de la détérioration globale du patient Alzheimer; une étude longitudinale

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Cette étude mettra en comparaison trois groupes d'aidants qui ont tous la garde d'une personne âgée souffrant de démence de type Alzheimer mais dont le degré de détérioration globale est différent. Ces personnes Alzheimer seront au stade de confusion précoce, de confusion tardive ou de démence précoce. L'hypothèse est que la détresse psychologique sera plus grande chez les aidants qui gardent une personne plus sévèrement atteinte. La seconde hypothèse est que la détresse devrait augmenter au fur et à mesure que cette prise en charge se prolonge. Il faudra déterminer si ce changement est la conséquence du temps, de la détérioration de la personne Alzheimer ou les deux à la fois. Finalement, cette étude veut examiner la possibilité que la relation avec la détresse psychologique s'exprime différemment selon que l'on utilise des paramètres de sévérité cognitifs, comportementaux ou fonctionnels.

OSTEOPOROSIS
OSTEOPOROSE

A Mixed Longitudinal Study of Bone Density Changes During the Adolescent Years in Boys and Girls With Reference to Physical Activity Patterns and Nutritional Factors

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(6608-1261-OS)

The project will study changes in bone density of 220 children (110 boys and 110 girls) during the adolescent years. The design is one of overlapping age cohorts covering the age range 9 to 17 years, each cohort being followed for three years. The purpose of the study is to develop bone density growth standards for normally developing adolescents. Only as we know how normal children gain in bone density will we be able to identify those at risk of skeletal fragility later in life. The study also seeks to gain some insight into the effects of physical activity on bone density during the growing years. Equally as important, dietary factors that may affect calcium utilization will be studied. The purpose is to evaluate whether these modalities have an effect on the level of peak bone mass attained after maturity has been reached. Normal values and information on factors affecting bone density in children are important for an understanding of whether or not there are childhood antecedents for an adult health problem, osteoporosis. Since skeletal integrity in the elderly is a reflection of both bone gained during growth and subsequent age related loss, attention to the determinants of bone gain during the growing years is of considerable importance. Recent Canadian studies have shown that calcium intakes of adolescents are below recommended levels. When this information is linked with Canada Fitness Survey data suggesting a decline in regular physical activity levels in Canadian girls starting at ages 12 to 13, a rather disturbing picture emerges. The study will provide insight into the question of whether skeletal fragility in the elderly is partially the result of a failure to attain an optimal level of bone density during the growing years.

Évaluation d'un programme d'activités physiques s'adressant aux femmes ostéoporotiques âgées de 50 à 70 ans

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L'ostéoporose, caractérisée par une perte importante de la masse osseuse, affecte une grande partie de la population féminine âgée de plus de 50 ans. L'augmentation de l'incidence de fracture qui en découle, perturbe la qualité de vie des individus en diminuant leur indépendance fonctionnelle et en les rendant plus craintifs. Aux conséquences individuelles s'ajoute la demande importante en services médicaux imposée à un système de santé déjà surchargé. L'activité physique, par son effet positif sur la masse musculaire, pourrait être une thérapie attrayante et peu dispendieuse si elle s'avère efficace. Le but de la présente étude est de déterminer, à l'aide d'un devis randomisé et contrôlé, l'efficacité d'un programme d'exercices physiques destiné aux femmes ostéoporotiques âgées de 50 à 70 ans.

Un échantillon de 136 femmes ostéoporotiques sera aléatoirement réparti en un groupe expérimental et un groupe témoin. Pour éviter que le groupe expérimental s'améliore du simple fait d'être suivi pendant plusieurs mois, les deux groupes recevront, sur une base hebdomadaire, des sessions éducatives qui porteront sur des thèmes reliés à leur condition. Après un an, le programme sera évalué en comparant les groupes par rapport aux variables suivantes: masse osseuse, taux de fracture et de chute, équilibre et démarche, douleur, perception de la santé. Si un tel programme parvient à ralentir l'évolution de la maladie, il aura également comme conséquence de protéger les individus contre d'autres types de problèmes de santé.

Étude des paramètres reliés à l'état osseux chez la femme âgée normale vivant à domicile et chez celle hospitalisée pour une fracture de la hanche

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La fracture de la hanche chez la femme âgée, attribuable à l'ostéoporose sénile, constitue un problème du vieillissement qui accroît la dépendance et déclenche le processus coûteux de l'institutionnalisation. On dénote au Québec, plus de 2 500 cas de fractures de la hanche par an, entraînant 25 millions de dollars de frais d'hospitalisation et environ 30 millions de dollars de plus pour les soins à donner aux 50% de ces personnes qui ne peuvent retourner à domicile. 70% des fractures surviennent chez la femme, à cause de sa plus faible densité

osseuse et de l'accélération de la déminéralisation lors de la ménopause. Tant que la personne âgée peut fonctionner seule à domicile, elle reste intégrée au milieu de vie qui lui est familier et elle allège d'autant le coût que représenterait autrement sa prise en charge par l'État. Il en va donc de notre intérêt de retarder le plus longtemps possible la nécessité de l'hospitalisation et de préserver l'autonomie des personnes âgées. Une meilleure connaissance de notre milieu doit nous orienter dans ce sens.

Ce projet étudie les paramètres reliés à l'état osseux chez 150 femmes âgées, dont 75 sans fracture vivant à domicile et 75 admises à l'hôpital pour une fracture de la hanche. Elles seront comparées des points de vue fonctionnel, nutritionnel, biochimique, hormonal et quant à leur densité osseuse. Les chercheurs tenterons d'établir le risque de fracture de la population âgée et à partir des caractéristiques de chaque groupe, de préparer dans une autre étape un plan d'intervention approprié pour ce groupe d'âge et l'ensemble des femmes péri-ménopausées. Les données permettront d'énoncer des recommandations à l'intention des intervenants et de la population quant à la prévention de l'ostéoporose.

Hormone Replacement Therapy in Saskatchewan: 1975-1987

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The purpose of this study is to describe the use of hormone replacement therapy (HRT) from September 30, 1975, to June 30, 1987, among women living in the Province of Saskatchewan. Data on HRT which are available come primarily from the United States, and suggest that major changes have occurred in the pattern of prescribing hormone replacement therapy over the past ten to fifteen years. These include changes in the recommended dose levels, in the recommended number of years of use, and in the number of women for who HRT is prescribed. The study will be based on the Saskatchewan Prescription Drug data base which includes all prescriptions issued since September 30, 1975; hence, the data on HRT use is comprehensive (essentially all women in the province), extensive (twelve years of data) and inclusive (all forms of HRT which are covered by the Saskatchewan drug formulary are included).

The findings from this project are relevant to estimating the future burden on the Canadian health care system attributable to osteoporosis and subsequent hip fracture. If HRT protects against bone loss, as the current medical literature suggests, then account of past and present levels of HRT use among Canadian women is of major importance.

Cancellous Bone Change in Ovulatory Premenopausal Women: Five-year Follow-Up Study

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Osteoporosis affects 25% of Canadian women over the age of sixty. Once bone mass is lower than the "fracture threshold", no therapeutic agents are effective in restoring bone strength. Methods to detect and determine the predictors of early bone loss are key to preventing this disabling disorder. The researchers propose a follow-up study of 66 premenopausal women, who were previously tested by the research team. The researchers will study the following factors: 1) ovulatory function, 2) exercise, and 3) anthropometric characteristics. The initial investigation of this group suggests a strong correlation between ovulatory function during one year and the change in bone over the same year. The follow-up study will measure bone density, evaluate current ovulatory function, and investigate intervening medical and life events that may have contributed to bone change in this group.

Évaluation des oestrogènes chez les femmes en début de ménopause pour la prévention des fractures de la hanche

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Il y a beaucoup d'information disponible sur les effets des oestrogènes dans la prévention des fractures de la hanche chez les femmes ménopausées, mais aucune des études n'a encore tenu compte de toutes les conséquences pouvant résulter de l'ostéoporose ou de l'utilisation des oestrogènes (exemples : symptômes de la ménopause, la mortalité cardiovasculaire, le cancer du sein). De plus, aucune des principales conséquences, ce qui empêche toute évaluation d'impact mettant en interaction la durée de la vie et sa qualité.

Cette étude évalue l'impact global des oestrogènes sur l'incidence des fractures liées à l'ostéoporose chez deux groupes de femmes âgées de 45 à 50 ans: un groupe tiré de la population générale, un groupe de femmes au travail. Elle tiendra compte de toutes les conséquences en construisant un arbre décisionnel complet, et mesurera la qualité de vie (utilités) associée à toutes les conséquences pouvant résulter de l'ostéoporose ou des oestrogènes. La méthode utilisée pour mesurer les utilités permettra d'exprimer la qualité de

vie associée à toutes les conséquences sur une échelle commune entre 0 et 1, et permettra de combiner les probabilités et utilités en un indicateur global d'impact. L'estimation d'impact ainsi obtenu sera plus précis que les estimations antérieures. Les informations obtenues des femmes étudiées permettront de vérifier la sensibilité de la conclusion aux variations notées dans la population. Si la conclusion varie avec les variations dans les estimations de risques ou d'utilités, il nous sera alors possible de déterminer la proportion de la population apparaissant comme différente de la moyenne, et de décrire les éléments distinctifs de ce groupe. Les résultats permettront aussi de déduire les caractéristiques d'un test de dépistage utile dans l'identification des femmes à haut ou faible risque de fracture, constituant ainsi les critères qui pourront être utilisés par les décideurs pour évaluer les différents tests proposés.

A Global Approach to Risk Factor Assessment in Primary Osteoporosis in Women With Special Reference to Reduced Creatinine Clearance, a Newly Identified Risk Factor

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This is a project designed to further explore the relationship between skeletal status, a factor in the development of osteoporosis, a condition which leads to bone thinning and predisposition to fractures of the spine, hips and wrists, especially in postmenopausal women, and declining creatinine clearance, a kidney function test.

OTHER PROJECTS
AUTRES PROJETS

Prescription Drugs in the Elderly in British Columbia: Recent Trends in Utilization and Prescription Practice

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This study will examine trends in prescription drug utilization by the elderly in British Columbia over the period 1981 to 1987. A general accounting approach developed in previous studies of health care utilization will be used to describe global trends in prescription drug utilization and to break those overall trends into: 1) trends in age - and sex-specific rates of utilization, 2) trends in concentration of utilization in high user groups, and 3) trends in use of specific drugs and drug categories. Along with a comprehensive description of utilization patterns, the study will use recognized process and outcome measures to examine trends in the quality of prescription practice. The demographic characteristics of patients exposed to multiple drug use and poor prescription practice as well as the characteristics of physicians whose practice does not meet explicit process criteria will be identified. The results of the study will not only provide an overview of the use of prescription drugs by the elderly, but also will help to identify potential problems in prescription practice and strategies that could be used to address those problems.

If the feasibility study is successful, a comprehensive province-wide survey of the elderly will be feasible and relatively inexpensive. The data collected will provide necessary information for planning services for the elderly. The longitudinal data will allow the identification of risk factors predisposing to high use of medical care, morbidity, mortality and institutionalization; ultimately permitting the planning of interventions for high risk groups and individuals.

Trends in the Use of Hospital and Medical Services By British Columbia's Elderly: Implications for Health Care Policy (Completed)

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This project studies the changes which have taken place in the age-sex specific rates of utilization of hospital and medical services among the elderly over the last fifteen years, by studying detailed utilization and billing data for British Columbia. It is thus delineating the extent to which the increase in care use among the elderly can be attributed to changes in their numbers and relative ages, as against increases at each age. By examining these increases at the level of individual services, the investigators are able to explore the relationship between changes in the capability and effectiveness of specific technologies, and changes in utilization. At the same time, they examine the response of utilization among the elderly in particular to changes in the capacity of the health care system itself. Are "needs" creating pressures for new capacity, or is capacity redefining needs? What further information is needed, at the level of specific services, to test these alternatives?

Les centres de jour pour personnes âgées en perte d'autonomie: étude expérimentale

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Les centres de jour (CJ) pour personnes âgées en perte d'autonomie fournissent un programme qui s'oriente vers la diminution des problèmes psycho-sociaux, le maintien ou la restauration du niveau fonctionnel, l'acquisition et le maintien de comportements de santé adéquats, et le support et le répit aux personnes-soutien. Les chercheurs proposent d'effectuer une étude évaluative dont les objectifs seront de déterminer l'effet du CJ sur: (i) les symptômes de dépression et d'anxiété chez les bénéficiaires; (ii) le fardeau ressenti par les personnes-soutien: (iii) l'état fonctionnel desbénéficiaires; et (iv) le coût des services socio-sanitaires utilisés par les bénéficiaires. Les chercheurs effectueront une étude expérimentale, avec attribution aléatoire des sujets au groupe expérimental ou au groupe témoin. Les sujets attribués au groupe expérimental seront admis au CJ le plus tôt possible après la référence. Les sujets du groupe témoin seront mis sur la liste d'attente pour une période de trois mois; pendant cette période, ils bénéficieront des services communautaires habituels. Dans les deux groupes, les chercheurs effectueront une première collecte de données par entrevue immédiatement après la randomisation et une deuxième entrevue à la fin de la période d'observation de trois mois. Un échantillon de 126 sujets, répartis dans six centres de la

région montréalaise, participeront à l'étude. Cette recherche permettra d'apporter des éléments utiles qui aideront les planificateurs et intervenants à juger de l'efficacité des CJ.

Systematic, Multi-Disciplinary, Algorithmic Discharge Planning for Frail, Elderly Patients on Acute Medical and Surgical Hospital Wards: A Randomized Controlled Trial (Completed)

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Frail, elderly patients, discharged from acute medical or surgical care, frequently suffer from residual, transient or permanent incapacity. Community agencies commonly provide such patients with support services, not easily available from family members or friends. This project proposes to determine if the optimization of functional level at discharge and the systematic matching of service to the need, by means of a limited, systematic intervention, will improve the quality of life for discharged patients and their families, and decrease hospital utilization and care cost.

Évaluation de l'effet de l'utilisation des ressources de réadaptation sur la durée de séjour et sur l'autonomie fonctionnelle, pour les cas de fracture de la hanche

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Il existe des variations importantes dans l'utilisation des ressources de réadaptation pour les personnes âgées hospitalisées à la suite d'un problème tel qu'une fracture de la hanche et les effets sont mal connus. L'objectif de cette étude est d'identifier, parmi les modes prévalents d'utilisation des ressources de réadaptation, ceux qui favorisent une utilisation optimale des ressources, c'est-à-dire ceux qui: 1) diminuent les durées de séjour pour un même niveau d'autonomie fonctionnelle; 2) augmentent l'autonomie fonctionnelle pour une même durée de séjour.

Les variables d'utilisation sont: le recours à la physiothérapie durant la mobilisation post-opératoire; le recours à la courte durée gériatrique durant le séjour orthopédique; le recours à d'autres ressources de réadaptation au congé de l'hôpital. Une cohorte de 320 personnes âgées de 65 ans et plus, vivant à domicile et hospitalisées pour une fracture de la hanche sera suivie de façon rétrospective sur une période de quatre mois, à partir de la date d'hospitalisation. Les résultats de cette étude seront utiles pour l'organisation des services de santé et la prise de décision clinique.

Problèmes gastro-intestinaux et nutrition inadéquate chez les personnes âgées complètement édentées sans prothèses fonctionnelles

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L'objectif de cette étude est d'analyser la relation entre, d'une part, l'absence de prothèses fonctionnelles, et d'autre part, les problèmes gastro-intestinaux et les carences au point de vue nutritif chez les personnes de 65 ans et plus complètement édentées.

L'étendue des troubles digestifs et des problèmes d'alimentation chez les personnes ne portant pas de prothèses fonctionnelles est mesurée comparativement à un groupe contrôle en se basant sur l'examen clinique abdominal, la symptomatologie, la prise de médicaments, les consultations médicales antérieures en raison de problèmes digestifs et le choix des aliments.

Cette recherche permettra d'évaluer les effets du piètre état de santé dentaire des personnes âgées sur leur santé générale.

L'étude fournira de plus précieuses données pour la mise sur pied de programmes d'éducation et de prévention permettant la modification en mieux des attitudes et du comportement des personnes âgées en matière de nutrition et du recours aux soins prothétiques.

Influence of Nutritional Counselling and Support on Immunocompetence, Nutritional Status and Illness in the Elderly

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Old age is associated with progressive decline in immunocompetence and increased risk of illness due to infection, cancer and other disorders. At the same time, alterations in food intake and nutrient needs predisposes the elderly to nutritional deficiencies. Several surveys have documented the frequent presence of nutritional problems in individuals above sixty-five years. It is now well established that nutrition intake contributes to the immunologic changes and morbidity pattern in old age, and that nutritional counselling and support may be expected to improve nutritional status, enhance immunocompetence and thereby reduce the burden of illness.

Clinical Trial of Slab and Contoured Polyurethane Seat Cushions Used for the Prevention of Decubitus Ulcers in Institutionalized Elderly Persons

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A high percentage of elderly patients in long term and extended care facilities develop decubitus ulcers (pressure sores) which can limit their functional ability, pose serious physiological and psychological problems, and require extensive and costly care. This study is aimed at determining the comparative efficacy of two types of seat cushions whichare commonly used in wheelchairs for the prevention of decubitus ulcers in elderly patients. Residents of an extended care facility will be selected and randomly assigned to one of the two types of cushions for a period of three months. Data will be analyzed for any significant differences in terms of the incidence, location, severity, or healing time of the decubitus ulcers that may be efficacious; then the more convenient and less expensive cushion variety would be the obvious choice for use by similar elderly persons, with significant implications in reducing the costs of health care.

Depression and Adjustment to Retirement

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Depression is the most prevalent mental disorder of late life. The elderly's proneness to depression has been linked to age-specific stresses which require adaptation. There is a need to elaborate the investigation of the stressor-depression relationship by including significant life events which may provoke or mediate the potential occurrence of stress and illness. The retirement process can easily become the precipitating agent for mental disorders.

Retirement is one of the more significant life events in which older adults must adapt. The meaning of retirement for an individual reflects a complex array of personal and social factors that reflect his/her unique life situation, perception, and understanding of life events. Several dimensions important in assessing one's adjustment to retirement have been identified, namely, money, health, social competence, focus of control, attitude toward work, and attitude toward retirement. Based on the prevalence of depression in this older age group, it is important to evaluate the relationship between retirement and depression.

An Evaluation of an Ultrasonic Bladder Volume Measurement Device

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Knowledge of bladder volume could be used to increase the efficiency of the nursing process in extended care facilities by avoiding unnecessary effort expended in toileting a patient when the bladder volume is low and by using volume measurements to develop personalized toileting regimens. A hand-held ultrasonic bladder volume measurement device (the BVI 2000) has recently become available. Such a device, if sufficiently accurate and easy to use, would be ideal for use in an extended care setting. The aim of this project is to evaluate the accuracy and ease of use of this device. Measurements of bladder volume for 50 geriatric patients will be made during the patients' routine assessment for bladder dysfunction. The device will be used to measure volume both before and after voiding. To assess the accuracy of the device, pre-voiding and post-voiding volume measurements will be compared to independent volume measures obtained through catheterization and direct measurement of the voided volume. The ease of use of the device will be evaluated by nurses using the device, and they will then be asked to complete a questionnaire.

Stroke Rehabilitation: Validation of a Physical Impairment and Disability Measure

Carolyn Gowland
Chedoke Hospital, Box 2000, Station A, 1200 Main Street, Hamilton, Ontario, L8K 1A1
(6606-3771-45)

In stroke rehabilitation, there are no physical impairment measures available to classify patients into sub-groups. There are physical disability measures that are suitable for evaluating functional disabilities, but none that specifically measure the physical disabilities due to the stroke. In patient care and clinical research, measurements are needed for such diverse purposes as planning treatment, estimating care requirements, predicting outcome and evaluating changes in status. In the in-patient rehabilitation setting, a comprehensive tool capable of addressing these purposes is needed. The Chedoke physical impairment and disability measure is capable of fulfilling these needs. The purpose of this project is to determine the validity of this measurement tool.

Case Study Analyses of Elderly With Alcohol or Drug Problems (Completed)

Kathryn Graham
Addiction Research Foundation, University of Western Ontario, London, Ontario, N6A 5B9

(6606-3414-43)

The area of substance abuse among older people has received so little attention that information is lacking for planning treatment interventions, for program evaluation and for generating basic research hypotheses. In this project a researcher conducts 20 case studies of clients in an innovative outreach program for elderly substance abusers. As an exploratory study, the research is directed by a series of questions under each of the following topic areas: factors related to substance abuse, nature and consequences of substance abuse and treatment implications of substance abuse patterns. Based on the case study methodology described by Yin (1984), the present research method consists of criteria for selecting cases, procedures for collecting the data and strategies for analyses. Validation procedures includes feedback from informants, comparison to quantitative data collection in the ongoing evaluation of the program and review by external experts in the area. The goal of the research is two-fold: to develop client profiles that can serve as a hypothetical typology for future programming and research; and to identify general processes related to substance abuse and treatment for substance abuse among this age group. This information provides baseline information as well as empirically-derived hypotheses for systematic studies of the nature and treatment of substance abuse among the elderly.

Longitudinal Analytic Study of Aging in Manitoba Data Bases

Betty Havens
University of Manitoba, 28 River Road, Winnipeg, Manitoba, R2M 3Y9

(6607-1424-57)

Using the cross-sectional data obtained in the "Aging in Manitoba: Needs and Resources" studies conducted in 1971, 1976, 1983 and the panel data of 1971 and 1976 participants obtained in 1983–1986, various analyses on items of current concern to policy makers, researchers and practitioners will be undertaken. The items to be analyzed include: changes in living arrangements, mortality rates, health status, income and expenditures, leisure activities, work status, informal supports, etc. Where warranted, these items will be analyzed by gender, ethnic group and urban/rural/remote location. These analyses will provide supplementary knowledge and the bases for comparison with studies currently being conducted or proposed by various departments of the government of Canada.

The Determinants of Health Care Utilization Among Alberta's Elderly: A Feasibility Study (Completed)

Patrick A. Hessel
113–103 Clinical Sciences Building, University of Alberta, Edmonton, Alberta, T6G 2G3
(6609-1480-55-S)

The objective of this study is to assess the feasibility of conducting a cross-sectional survey of Albertans aged 65 and over with longitudinal follow-up; specifically: a) to assess, through a cross-sectional survey, social, socioeconomic and health characteristics of elderly, non-institutionalized Albertans 65 years of age and over; and b) to identify, through a cross-sectional survey, characteristics of non-institutionalized Alberta residents 65 and over which are predictive of subsequent use of medical care, including admissions to long-term care facilities, and morbidity and mortality from specific causes.

A modified version of a survey used extensively in Manitoba is administered by trained senior citizen volunteers to 44 senior citizens from the Edmonton health unit. All consenting subjects are re-interviewed by another interviewer and test-retest and inter-interviewer reliability are tested. Subjects are contacted using random digit dialing. The feasibility of longitudinal tracking of subjects using data from Alberta Hospital and Medical Care and Alberta Community and Occupational Health are tested by looking retrospectively in the records of these two agencies for information on the subjects in the feasibility study.

The Organization, Financing and Performance of Public and Private Sector Long Term Care Facilities for the Elderly in Canada

Roberta Jayne Labelle
Department of Clinical Epidemiology and Biostatistics, McMaster University, Room 2C2, Health Sciences Centre, 1200 Main Street West, Hamilton, Ontario, L8N 3Z5
(6606-3401-57)

The structure and organization of the provision of long term care for the elderly in Canada represent a unique alliance of private and public initiatives, the balance of which varies from province to province. Recent pressures from fiscal constraint combined with an unprecedented concern with the availability and quality of care for the elderly have focussed attention on the long term care sector in general, and on the existing public/private mix of care in particular.

This study is investigating the extent of privatization in the provision of long term care in Canada and is addressing the existing gaps in knowledge about the relative performance of the public and private sectors. The study is proceeding in two parts. The first part will examine the extent and types of public and private involvement in long term care facilities on a provincial basis. Information will be gathered on reimbursement rates, rate setting procedures, the level of co-payment involvement

by patients and regulatory mechanisms. The results will be presented as a comparison across provinces; the spectrum of private sector involvement will be determined, and the relative position of each province within the spectrum identified.

The second part of the project will focus on Ontario to determine if private and non-profit operation of long term care facilities differ in terms of cost or performance. The evidence from Ontario can be used by other provinces to assist in determining policy directions for the provision of institutional care for the elderly.

Oral Health and Treatment Needs Among Ontario's Current and Future Elderly

David Locker
Department of Sociology, University of Surrey, Guildford, Surrey, England

(6606-3809-CD)

Given the increasing size of Ontario's elderly population and the disabling effects of oral disorders among this group, the oral health care needs of seniors will become a significant public health issue. Current trends suggest that treatment needs and demand for care will rise over the next twenty years. Consequently, data are required to facilitate policy development and the planning of treatment and oral health promotion programs for this section of the population.

This proposal describes one initiative designed to provide such data. It constitutes the preliminary stage of what is planned to be a longitudinal program of research in aging and oral health. This first initiative is a survey, involving interviews and clinical examinations, of random samples of persons' aged 50 years and over, living in private households in four communities in Ontario. The aim is to provide local and provincial estimates of the prevalence of oral disorders, treatment needs and access to dental care among the current and future elderly.

Elderly Patients Admitted Via Emergency

Patrick Montgomery
Department of Medicine and Geriatrics, Room E547, Health Sciences Centre, 700 William Avenue, Winnipeg, Manitoba, R3E 0Z3
(6607-1353-44)

The purpose of the study was to conduct a randomized controlled trial of a specialized geriatric inpatient service compared to a general internal medicine service. Elderly patients who present via the emergency room at either of two Winnipeg hospitals were recruited for the study. Although most elderly people do not require hospital admission, when this is necessary, should they be cared for in medical environments especially designed for them (geriatric medicine) or in general medical wards? This study, by randomly allocating such patients to geriatric medicine or internal medicine, seeked to answer this question and thus provide useful guidance for the further development of health care of the elderly when hospital admission is necessary.

Complications of Urinary Infection in the Institutionalized Elderly

Lindsay E. Nicolle
Manitoba University, MS-675D, Health Sciences Centre, 820 Sherbrooke Street, Winnipeg, Manitoba, R3A 1R9
(6607-1477-54)

Urinary infection, or bacteriuria, is present in up to 50% of elderly residents of institutions. Current evidence suggests that despite this high prevalence of bacteriuria associated complications are infrequent. However, studies which have observed limited morbidity from asymptomatic bacteriuria have used criteria for symptoms which were developed in younger populations. Because of the multiple associated medical problems and difficulties with communication in the institutionalized elderly, the clinical impact of bacteriuria is more difficult to assess and criteria developed for younger populations may not be valid. As symptomatic episodes are poorly characterized, antimicrobial may be inappropriately prescribed for urinary infection in this population.

Initial studies suggest that some episodes of fever, gross hematuria, and infected pressure sores are secondary to urinary infection, but the precise contribution of bacteriuria has not been adequately determined. This study will identify prospectively the frequency of occurrence of fever, hematuria and infected pressure sores in nursing home population, and use objective laboratory criteria to determine the contribution of urinary infection to these episodes. Characteristics of patients who develop these complications of bacteriuria will be described. This information will provide a basis for developing guidelines for the appropriate use of antimicrobial for complications of urinary infection in this population, leading to fewer adverse effects from antimicrobial and minimizing the induction of resistant microorganisms.

Balance Control in the Elderly

Aftab E. Patla
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(6606-3675-R)

By the year 2021, government reports project that the proportion of the population over the age of 65 years will increase from the present 10% to 16%. A byproduct of aging is decreased health status, and the associated demands on the health care resources. Hence, the issue of improving the health status of aging adults will become increasingly important. A serious threat to the health status of the elderly is falling, with the incidence of falls increasing with age. In the elderly, falls are the leading source of injury related deaths. Numerous studies have shown how various physical parameters reflecting the sensori-motor system deteriorate with age. To ascertain how these changes affect balance, researchers have attempted to develop tests that measure balance. A majority of these tests are subjective, or measure unperturbed static posture control. The project will look at the balance profiles of the elderly using a wide battery of balance tests: (a) existing clinical tests; (b) perturbed balance control during standing (anticipatory and feedback); (c) perturbed balance control during locomotor like movement (anticipatory and feedback); and (d) balance control of the trunk during walking using biomechanical and EMG analysis. In addition to the unique and valuable fundamental information on balance control mechanisms and gait of the elderly, the study will also address the issue of whether or not these tests are measuring the same aspects of the control system. The study will shed light on causes of falls in the elderly. An important clinical outcome will be "minimum battery of tests" required to assess and identify fall prone individuals.

The Risk of Anticholinergic Toxicity in the Elderly (Completed)

Alfred J. Remillard
College of Pharmacy, University of Saskatchewan, Saskatoon, Saskatchewan, S7N 0W0

(6608-1201-44)

The elderly are particularly sensitive to drug therapy. Physiological and psychological changes of "normal" aging alter drug responsiveness because of changes in distribution and elimination of drugs and/or changes in organ sensitivity. For those reasons, elderly patients should be prescribed as few drugs as possible to avoid drug/drug or drug disease interactions and to use lower doses.

The purpose of this study is to determine whether or not the elderly are at risk for drug toxicity. The first part examines whether patients are simultaneously prescribed two or more drugs with similar secondary pharmacologic properties which can lead to side effects and the second part to see if the amount of drug prescribed is excessive for that patient population group. The final section attempts to identify the clinical significance of concurrent drug therapy.

The data collected will be further divided into prescriptions dispensed to the ambulatory elderly versus those in nursing homes to see if one group is more at risk for drug adverse effects.

Manitoba Longitudinal Study on Aging, Phase II: Health Services Use, Morbidity and Mortality Among the Elderly

Noralou P. Roos
Department of Social and Preventive Medicine, University of Manitoba, Room S101A-E, 750 Bannatyne Avenue, Winnipeg, Manitoba, R3E 0W3

(6607-1440-57)

Phase II of the Manitoba Longitudinal Study on Aging will merge data from 1983 interviews with the 1971 and 1976 panels of elderly Manitobans and data from interviews with a new 1983 elderly cohort with 1970–87 data on their utilization of ambulatory, hospital, nursing home and home care services.

Studies will focus on cohort effects on patterns of health care use, the relationship of morbidity to service utilization and the inter-relationship between hospital, nursing home and community care services. Special studies also investigate the nature of change in health and health care use by the elderly over long periods of time as they age. Particular emphasis will be placed on studying these aspects as they pertain to very elderly (persons aged 85 or more) and persons about to reach 65 (aged 60–65).

A Randomized Controlled Study of Self-Help Intervention for Elderly Widowers

Fred Tudiver
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(6606-3180-44)

Studies have demonstrated that elderly widowers are at a very high risk for poor response to bereavement with both increased morbidity and mortality. This study will use a randomized controlled design to assess the impact of a self-help intervention on elderly widowers. A six-month self-help intervention will be developed to decrease the risks associated with bereavement and will focus on independence and self-help for the widowers. The self-help intervention groups will be led by trained widowers. Elderly widowers who participate in the intervention will be compared to a control group of widowers. The impact of the intervention will be evaluated by examining assessments of the subjects' physical, social,

and emotional well-being measured before and after intervention and at a six-month follow-up (time zero, six, and twelve months). In addition, the subjects' use of the health care system and the resulting costs will be monitored.

It is expected that the widowers who participate in the intervention program will adapt to their grief more quickly with significantly less emotional and physical distress than the control group. In addition, it is expected that the widowers who participate in the intervention program will demonstrate more independent self-care behaviour and use the health care system less than the controls.

Formulation Proposal – "Adult Day Program Evaluation and Needs Assessment"

A.J. (Bea) van Beveren
The Association of Adult Social Day Programmes, #33–9912–106 Street, Edmonton, Alberta, T5K 1C5

(6613–1397–S49)

Adult day programs play a vital role in the maintenance of health for seniors, thereby assisting in preventing and/or delaying the need for institutional care. In addition, adult day programs provide relief for caregivers from the responsibilities of caring for an elderly family member. Regular respite care for the family may assist in preventing family breakdown.

The objectives of this formulation project are:

a) To develop a strategy to evaluate the effectiveness of the Edmonton Adult Day Program and to examine its role as a cost effective service assisting adults to remain functioning independently in their own community for as long as possible;

b) To design a needs assessment on adult day programs. The project will identify eligible seniors and determine the extent to which these individuals will make use of day programs.

Measuring Balance in the Elderly: Development and Validation of an Instrument

Sharon Wood-Dauphinee
School of Physical and Occupational Therapy, McGill University, 3530 Drummond Street, Montreal, Quebec, H3G 1Y5

(6605-3000-R)

Changes in the ability to balance can occur as a result of disease or aging. Because impaired balance may lead to a decrease in functional capabilities or a fall, exercises designed to improve balance are common in programs for the elderly. Due to the lack of a suitable outcome measure, it is unknown if these programs are effective. In a prior study, a balance scale was developed following extensive input from both health professionals and elderly individuals. It is a scale made up to 14 movements common in everyday life. Associated with each movement are five categories by which to judge the performance. The scale has demonstrated good inter- and intra-rater reliability and high internal consistence, but testing of its psychomotor properties has been limited.

This study is designed to test the reliability and validity of the balance scale in the "real world". Concurrent criterion validity will be examined by comparing scores from the balance scale to global clinical judgments of balance. Predictive criterion validity will be tested by determining if the scale can predict falls in elderly ambulatory individuals. Construct validity will be assessed by determining the association of scores of the balance scale with motor performance and mobility scores at various points in the recovery of stroke study. Inter- and intra-rater reliability and internal consistency will be assessed in several phases of the study. This project should result in a measure of balance useful to clinicians in daily decision making and to researchers as an outcome measure in studies seeking to determine the effectiveness of different treatment strategies.

COMMUNITY HEALTH RESEARCHERS
CHERCHEURS EN SANTE COMMUNAUTAIRE

Joanne Buttery
Montreal General Hospital, Suite 1739, 1650 Cedar Avenue West, Montreal, Quebec, H3G 1A4

(6605-3506-CR)

As a Community Health Researcher at the McGill Centre for Studies in Age and Aging, Ms. Joanne Buttery will be attached to the Community Consultation Team (CCT) of the Clinical Gerontology Service of the Montreal General Hospital, which is a specialized multi-disciplinary geriatric assessment team providing recommendations regarding the management of elderly persons presented with complex multi-system disease(s), loss of independence and/or psychosocial problems. Referrals are accepted from families, primary physicians, health care professionals and home care teams.

An initial evaluation of the service given by the CCT has yielded four specific suggestions in order to increase implementations of CCT recommendations by the primary health care provider(s). Ms. Buttery will be involved with research documenting the integration of the suggestions into the CCT's clinical practice and its effect on the rate of implementation of CCT recommendations by primary practitioners. A second level of evaluation is also proposed, assessing the effect of the implementation of CCT recommendation on outcomes for the elderly and their families, i.e., parameters of global health status such as wellness, family functioning and quality of life.

Veronica M. Doyle
1060 West Eighth Avenue, Vancouver, British Columbia, V6H 1C1

(6610-1863-CR)

As a Community Researcher, Ms. Doyle will investigate which organizational characteristics of programs intended to serve older people actually enhance seniors' ability to manage their environment. To this end, qualities of health programs, recreation programs, and programming aspects of housing for seniors will be investigated withregard to the degree of choice and control they offer senior participants and the mechanisms through which such empowerment is facilitated or reduced. The methods used will be participant observation and in-depth interviews followed by a larger scale survey to enable statistical evaluation of key findings.

Nancy Joan Gnaedinger
755 Somerset Street West, Ottawa, Ontario, K1R 6R1
(6606-4588-CR)

As a Community Health Researcher, Ms. Gnaedinger will be filling a designated part-time research position with the "Seniors' Community Health Program" at Dalhousie Health and Community Services in Ottawa for a period of two years. The mandate of this Program is to promote healthy aging and reduce functional deterioration through the provision of primary health care and health promotion activities planned by seniors.

Ms. Gnaedinger will be collecting both qualitative and quantitative data on the process aspects of the Seniors' Community Health Program which will ensure a rich and organized body of data for evaluation of the program and provide a body of knowledge to share with others in the field.

Céline Gosselin
Département de santé communautaire, Pièce 300A, 980, rue Guy, Montréal (Québec), H3H 2K3
(6605-3501-CR)

Cette bourse de Chercheur en santé communautaire est pour permettre à Madame Céline Gosselin de poursuivre des activités de recherche au sein du Département de santé communautaire de l'Hôpital général de Montréal. Le programme de recherche proposé se divise en deux parties. La première partie consiste à examiner des mesures d'impact d'un programme d'intervention-pilote axée sur l'adaptation du logement des personnes âgées présentant une perte d'autonomie fonctionnelle. La deuxième partie du programme de recherche est orientée vers la réalisation d'une intervention visant la prévention des chutes chez la population âgée de 65 ans ou plus vivant à domicile.

Edward Helmes
268 Grosvenor Street, London, Ontario, N6A 4V2
(6606-4429-CR)

As a Community Health Researcher, Dr. Helmes will be undertaking research in three major areas: (1) the study of the relationships among pain, disability and osteoporosis; (2) a survey of the mental and physical health among older residents in London and vicinity that will include the above factors, among others; and (3) the evaluation of cognitive functioning in older people through computer-administered assessment methods. The first topic will include an evaluation of the long-term effectiveness of a back care exercise program. The second includes the validation of new and existing measures of social and psychological functioning that have not yet been studied in Canadians. The third is part of a series of studies on computer-administered psychological assessment.

This work primarily involves community residents, although for comparative purposes, some research will involve residents of hospitals and institutional residential homes.

All three projects will be done in collaboration with colleagues at St. Joseph's Health Centre and the University of Western Ontario.

Daisy Lau
Suite 505, 2134 Eglinton Avenue East, Toronto, Ontario, M4P 1K5
(6606-4430-CR)

As a Community Health Researcher, Dr. Daisy Lau will be involved with Meals on Wheels of Ontario Inc., (MOWO), a non-profit volunteer organization whose mission is to facilitate the effective and efficient provision of direct MOW services at the community level. The proposed research will result in the establishment of standards for the nutritional and food quality of meals provided by Meals on Wheels agencies in Ontario to homebound clients, predominantly frail elderly.

The first phase of the research entails a critical review of current scientific data relevant to dietary guidelines, food sources and nutrition education programs. In the second phase, nutritional guidelines and food quality standards will be developed and implemented within selected MOW agencies in Ontario. The final phase will involve the preparation, presentation and evaluation of a nutrition education program that will incorporate the dietary guidelines and food quality assurance protocols. It will be offered to MOW agency coordinators in Ontario. The data and materials generated by the research will be shared with other MOW agencies on the national level.

Hélène Payette
1036, rue Belvedere, Sud, Sherbrooke (Québec), J1H 4C4
(6605-3505-CR)

Cette Bourse de chercheur en santé communautaire est pour permettre à Madame Hélène Payette de poursuivre des activités de recherche au sein du Centre de recherche en gériatrie de l'hôpital d'Youville. Le programme de recherche projeté concerne d'abord l'étude de la relation entre la qualité de la diète et les mesures de la densité osseuse, de la fréquence des chutes et de la perception de la santé chez des femmes ostéoporotiques qui participent ou non à un programme structuré d'activités physiques. Un autre volet du programme concerne l'évaluation de l'état nutritionnel des personnes âgées bénéficiaires des programmes communautaires d'aide à domicile. Chez les personnes de ce groupe, à risque de déficience nutritionnelle, une étude randomisée et contrôlée permet de vérifier l'efficacité d'une supplémentation nutritionnelle sur leur résistance aux infections, leur force musculaire et leur bien-être.

Margaret Ross
National Office, 5 Blackburn Avenue, Ottawa, Ontario, K1N 8A2
(6606-4428-CR)

As a Community Health Researcher with the Victoria Order of Nurses (VON) and in collaboration with the School of Nursing, University of Ottawa, Ms. Ross will be assisting in the development of a program of research that will allow for the examination of issues related to the role of the VON in maintaining the autonomy and independence of community dwelling seniors. The overall plan for the development of the research program involves (1) the development and implementation of research proposals related to maintaining the autonomy and interdependence of seniors that are relevant to various branches and programs of the VON; (2) the dissemination of research findings to the professional and non-professional staff of the VON as well as to other health care providers; and (3) the development of programs to implement recommendations for changes that emerge from research findings.

Vicki R. Strang
7211-96A Avenue, Edmonton, Alberta, T6B 1B5
(6609-1666-CR)

As a Community Health Researcher with the Victorian Order of Nurses (VON) and in collaboration with the Faculty of Nursing of the University of Alberta, Ms. Vicki Strang will be involved in research focusing on program evaluation, program refinement and new program development for the older adult in the community. The program areas include Adult Day Health Care (ADHC) for the frail elderly and Footcare Clinics (FCC) for the well elderly in the community. The research relating to the ADHC builds on concepts of health promotion and maintenance and respite for caregivers. The research relating to the FCC program primarily builds on concepts of health promotion and maintenance.

The final aim of this research program is to identify the health promotion and maintenance activities and outcomes within the ADHC and FCC programs and, within the ADHC program, to more clearly define respite and what it means to different older adult population groups.

NATIONAL AND INTERNATIONAL CONFERENCES
CONFERENCES NATIONALES ET INTERNATIONALES

Conferences are listed by date of the event

Les conférences sont listée selon la date de l'événement

Conference – Community Health – "Dependence or Independence for the Public" (July 6, 1988 – Quebec)

Karen Hall
Canadian Public Health Association, 400–1565 Carling Avenue, Ottawa, Ontario, K1Z 8R1

(6613-1387-50)

The main focus of the Conference was to present and discuss papers which relate current community health research experiences dealing with support services and self-care of the elderly. These papers were, in part, the product of the joint Health Promotion/NHRDP literature review endeavour in support of the "Achieving Health for All" policy to stimulate research and identify priorities in this area.

Attitudes and Ethics in the Health Care of the Elderly (July 8–9, 1988 – Quebec)

Catherine McCourt
Canadian Medical Association, Department of Health Sciences, 1867 Alta Vista Drive, Ottawa, Ontario, K1G 0G8

(6613-1374-50)

The Canadian Medical Association is currently undertaking a program to promote the implementation of the recommendations in the report, *Health Care for the Elderly: Today's Challenges, Tomorrow's Options.*

In Canada, there are attitudes concerning elderly people and the aging process which impede the attainment of a high quality of life for elderly Canadians. An example is the paternalistic approach to elderly people which results in a restriction of their autonomy. We are often unwilling to let them choose to take risks. These inappropriate attitudes are complicated by a number of unresolved ethical issues regarding the provision of health care to elderly Canadians. These issues include: 1) the allocation of health care resources in a way that limits access by the elderly; 2) the concept of the "living will".

This workshop addressed the problems of attitudes and ethics in the health care of the elderly in Canada. The goals of the workshop were twofold: 1) to formulate concrete recommendations for changes that would improve quality of life of elderly people; 2) to achieve the dissemination of ideas by workshop participants to others in their fields of interest.

International Conference for Health Research on Aging (September 22–24, 1988, Ottawa)

L.W. Chambers
McMaster University, Hamilton-Wentworth, Department of Health, 25 Main Street West, Hamilton, Ontario, L8N 3P6
(6606-3922-50)

This conference brought together 15 to 20 scientists in the fields of aging research to set priorities for the World Health Organization (WHO)'s Special Program for Research on Aging. The objectives of the Program are to:

1) Promote cross-national health research on aging through collaboration and development of Canadian links with the W.H.O. network of researchers in the Special Program for Research on Aging.

2) Facilitate and support multicentre research projects in developed and developing countries.

Papers were presented which outline proposed research projects for the Program. The four project areas were as follows:

- determinants of healthy aging;
- age-associated dementias;
- age-related changes in immune function;
- nutritional changes associated with aging, with emphasis on osteoporosis.

Following North American Elders With Cross-National Collaborators – An International Symposium (October 21, 1988, Halifax)

Jean Claude Carisse
Canadian Association on Gerontology, 110–1565 Carling Avenue, Ottawa, Ontario, K1Z 8R1
(6613-1392-50)

The symposium served to further discussions on issues of research, policy, practice and education that can be approached from a cross-national perspective. This symposium brought together both Canadian and American contributors to the publication *North American Elders*. The participants discussed Canadian-American social policy and research issues for the elderly associated with long-term care, chronic mental illness, rural aging, aging veterans, native elders, and cross-national inter-generational families. The participants also shared new insights and provided directions for cross-national research and analyses.

First International Conference on the Palliative Care of the Elderly (May 4–6, 1989, Toronto)

Rory H. Fisher
University of Toronto, Extended Care, Sunnybrook Medical Centre, Room #G321 – K-Wing, 2075 Bayview Avenue, Toronto, Ontario, M4N 3M5
(6606-4206-50-S)

The older terminally ill patient is all too often forgotten in discussions of palliative care. These discussions typically focus on the needs of the younger patient suffering from cancer and pain.

The elderly person requires a full spectrum of palliative services and at present there are significant gaps in the knowledge of how to provide these services.

The objectives of this conference were fourfold: 1) to define the ethical/legal issues which arise in providing care for the dying elderly (e.g. euthanasia, competence, living wills, etc.); 2) to examine palliative care decision making which accommodates the beliefs of the patient, his/her family and societal norms; 3) to identify and examine the management of symptoms which are commonly associated with palliative care of the elderly; 4) to explore the variety of service delivery models for the palliation of the dying elderly at home or in institutions.

Ethics in Geriatric Care (May 5, 1989 – Toronto)

Michel Silberfeld
Department of Psychiatry, Baycrest Centre for Geriatric Care, 3560 Bathurst Street, North York, Ontario, M6A 2E1

(6606-3962-505)

Ethical considerations are increasingly important in the delivery of mental health care. Two principle ethical questions will be considered. Justice and the Allocation of Care and the Ethics of Competency Assessments. With the changing demographics in our population, there is already some anxiety about the demands which the growing elderly population will place on the allocation of health care resources. How those resources should be shared in order to ensure justice in the allocation of mental health care is a topic of major importance to the elderly, to the medical community and to all of those concerned with health care issues. Of similar importance, is the question of whether or not an elderly person is competent or incompetent to continue to effect certain decisions in their life. The necessity to protect individuals while at the same time making every effort to preserve their autonomy, poses major ethical questions which are important to consider in the scope of the criteria for the determination of incompetency.

Gender and Aging (May 12, 1989, Waterloo)

J.N. Clarke
Sir Wilfrid Laurier University, Sociology and Anthropology, 75 University Avenue West, Waterloo, Ontario, N2L 3C5

(6606-4064-505)

The purpose of the meeting was to bring together a group of Canadian scholars from a variety of disciplinary backgrounds to address issues concerning gender and aging. The focus was on three sub-areas: housing, health and poverty. In particular, the conference updated current research and policy-making regarding poverty, housing and health. It analyzed the dynamics of poverty as they affect men and women as they age and outlined some of the implications of aging in rural and urban communities. It examined current policies with regard to housing, particularly as they affect aging people. It addressed the particular health needs of older men and women. An explicit purpose of the conference was to allow a time and opportunity for people with similar research interests to make contact with one another for research purposes.

An Invitational Workshop on Determinants of Healthy Aging (September 18–19, 1989, Winnipeg)

Jean-Claude Carisse
Canadian Association on Gerontology, 110–1565 Carling Avenue, Ottawa, Ontario, K1Z 8R1
(6613-1461-50)

The Canadian Association of Gerontology in association with the Seniors' Independence Research Program (SIRP) organized an invitational workshop on the Determinants of Healthy Aging. The Workshop addressed the development and effective use of community non-governmental interventions that support the independence of seniors. The workshop had a threefold purpose: 1) to influence the way healthy aging is conceptualized by the research and policy community; 2) to establish priorities for research in this area; 3) to identify researchable questions and individuals who might conduct the research. Together, the insights coming from this process will be formulated into recommendations on how the Department of National Health and Welfare can best support research in this area.

Atelier de recherche sur la distribution des soins et services aux aînés atteints de démence, en médecine de famille (6 octobre 1989 – Montréal, Québec)

Louise Poulin de Courval
CLSC, Côte-des-Neiges, 3600 Van Horne, Montréal, Québec, H3S 1R6
(6605-3205-50S)

Le but de cet atelier est de réunir des experts dans le domaine de la recherche sur la démence et des médecins de famille impliqués dans la pratique de la gériatrie et ayant une expérience et un intérêt en recherche. Les objectifs de cette rencontre seront: de faire le point sur les connaissances actuelles concernant les soins aux sujets atteints de démence; de revoir les avenues potentielles de recherche en soins de santé aux sujets atteints de démence; de réviser les instruments de mesure actuellement disponibles pour la recherche sur la démence; finalement, de faciliter une discussion visant à préciser une question de recherche en soins de première ligne qui permettra une recherche multicentrique éventuelle.

The 5th Congress of the International Federation of Psychiatric Epidemiology (June 6–7, 1990 – Montreal)

Hans F. Reichenfeld
University of Ottawa, Department of Psychiatry, 7 Richmond Road, Ottawa, Ontario, K1Y 2X1

(6606-4387-50)

In order to encourage the development of internationally agreed criteria for the diagnosis of the presence and severity of various forms of dementia, the Department of Psychiatry at the University of Ottawa hosted two Symposia, followed by a Workshop during the 5th Congress of the International Federation of Psychiatric Epidemiology held in Montreal, June 6–7, 1990.

The topics covered included:

1) Review of current knowledge of the incidence and prevalence of different forms of dementia in both ambulatory and institutional settings;

2) Comparisons between commonly used clinical criteria for (a) definite, and (b) suspected, diagnoses of dementia;

3) Establishment of criteria for the classification of minor forms of cognitive deficit;

4) Indications for biological and/or psychological investigations in the presence of cognitive deficit;

5) Comparisons between different test procedures and rating scales;

6) Discussion on prognostic indicators;

7) Methods of measuring socio-cultural variables – current and proposed.

2nd International Conference on Alzheimer's Disease and Related Disorders (July 15–20, 1990, Toronto)

Donald R. McLachlan
University of Toronto, Physiology and Medicine, Room 3318, Medical Sciences Building, Toronto, Ontario, M5S 1A8

(6606-4364-50S)

This conference brought together international scientists representing the different disciplines studying Alzheimer's disease and related disorders and provided critical periodic review and updating of information about these disorders.

Talented junior Canadian investigators participated as well as distinguished Canadian speakers to stimulate research into Alzheimer's disease.

The organizers wished to achieve this goal at a time when rapid developments in differential diagnosis, biological markers, molecular pathology, and genetics are producing fundamental insights into Alzheimer's disease. There is a need for basic researchers and clinicians alike to review critically the data accumulated since the First International Conference on Alzheimer's Disease and Related Disorders in September, 1988.

4e congrès international francophone de gérontologie (30 septembre, 1–3 octobre, 1990, Montréal)

Réjean Hébert
Centre de recherche en gériatrie, Hôpital d'Youville de Sherbrooke, 1036, rue Belvédère sud, Sherbrooke, Québec, J1H 4C4

(6605-3615-505)

Exploration du champ d'activité en gérontologie selon divers aspects:

- l'interdisciplinarité dans les soins et services;
- l'interdisciplinarité dans la gestion;
- l'interdisciplinarité dans la formation;
- l'interdisciplinarité dans la recherche.

De plus en plus de chercheurs, de professionnels, d'administrateurs et d'éducateurs s'intéressent aux personnes âgées et au vieillissement. La complexité du processus de sénescence rend nécessaire l'intégration de diverses méthodologies et disciplines en une approche interdisciplinaire. Le 4e congrès francophone de gérontologie réunira à Montréal les scientifiques francophones d'Europe et d'Amérique. Autour de ce thème crucial en gérontologie : *l'interdisciplinarité* l'objectif de la réunion est de mieux cerner les conditions nécessaires au travail interdisciplinaire et les différentes façons de l'actualiser dans les soins aux personnes âgées, la gestion des services, la recherche géronto-gériatrique et la formation des intervenants. L'interdisciplinarité dans les soins sera abordée, entre autres, sous l'aspect de la prévention de la perte d'autonomie, de la préparation à la vieillesse, de la sénescence psychologique, de la dépression et de la nutrition. On traitera également des impacts de l'interdisciplinarité dans la gestion des services, notamment de l'intégration et de la coordination des interventions qu'elle nécessite. Un super- symposium fera le point sur la recherche autour de la maladie d'Alzheimer tant d'un point de vue pathologique, épidémiologique, biochimique que clinique et sociologique. Enfin, les congressistes débateront de la formation des professionnels en gérontologie tant au niveau pré-gradué qu'en cours d'emploi.

Future Directions for Research and Services to Elderly Persons With Psychiatric Disorders: A Symposium (October 24, 1990, Victoria)

Kimberly McEwan
Mental Health Services, British Columbia Ministry of Health, 7th Floor, 1515 Blanshard Street, Victoria, British Columbia, V8W 3C8

(6610-1909-505)

The objective of this symposium is to encourage the integration of research and evaluation processes into service planning for the rapidly expanding population of elderly persons with mental health disorders. Presentations will be made in eight different content areas to senior federal/provincial committees, provincial health ministry officials and policy advisors, and health services executives. Symposium participants will review recommendations made in these areas, determine effective strategies for dissemination of current knowledge in providing mental health care to the elderly, and identify health services research priorities to ensure sound future planning. The symposium presents work stimulated by the publication "Guidelines for Comprehensive Services to Elderly Persons with Psychiatric Disorders" (Health & Welfare Canada, 1988).

National Welfare Grants
Subventions nationales au bien-être social

Projects are described in the official language used by the principal investigator in the project proposal.

Les projets sont décrits dans la langue officielle utilisée par le chercheur principal dans la proposition du projet.

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ALZHEIMER'S DISEASE AND CAREGIVERS
MALADIE D'ALZHEIMER ET LES DISPENSATEURS DE SOINS

Démence sénile: évaluation d'une intervention de groupe auprès de personnes-soutien

Carole Gendron
Centre de recherche, Centre hospitalier Douglas, 6875, boulevard Lasalle, Verdun (Québec), H4H 1R3

(4577-14-2R)

Les objectifs de la recherche sont de mettre sur pied et d'évaluer l'efficacité d'une intervention de groupe d'orientation cognitive-comportementale sur des personnes-soutien, s'occupant à domicile de leur conjoint atteint de démence.

Le devis de recherche est du type expérimental "pré-test – post-test" avec groupe contrôle de type "attention placebo" au lieu du groupe contrôle "en attente". La procédure expérimentale comprendra donc deux phases. Chacune des phases incluera 20 sujets, 10 dans le groupe expérimental et 10 dans le groupe contrôle. La collecte de données se fera en quatre temps pour les deux groupes: au pré-test et post-test, et après un suivi de 3 et 6 mois.

Families of Alzheimer Victims: Patterns of Engagement in Caregiving and Their Consequences

Judith Globerman
Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, Ontario, M5S 1A1

(4577-15-12R)

This study will explore new dimensions of how the patterns of caregiving emerge in families of Alzheimer victims: the strategies to maintain ties and links and the consequences for family members over time in terms of relationships, social ties, employment and financial status.

Phase I of the project will consist in a cross sectional study through open-ended exploratory interviews with kin groups whose relative has been taken care of in the home, in institutions or who have died. Phase II will examine through interviews changes in families over time and the strategies they have developed to maintain ties and links.

The Impact of Respite/Daycare on the Burdens and Social Support of the Caregivers of Persons With Dementia

Benjamin H. Gottlieb
Department of Psychology, University of Guelph, Guelph, Ontario, N1G 2W1

(4577-15-10R)

This study will investigate the varying levels of respite/daycare provided to this population and determine the optimum quality and quantity in order to lessen the caregiver's objective and subjectively perceived burden.

Data will be gathered through two interviews each, over a 10 week period, with 120 primary caregivers. The entire set of interviews will require 30 weeks. The time series data will be analyzed by structural equation modelling.

Élaboration et évaluation d'un programme d'aide aux familles des personnes âgées démentes à domicile

Réjean Hébert
Hôpital d'Youville de Sherbrooke, 1036, rue Belvédère sud, Sherbrooke (Québec), J1H 4C4

(4577-14-6R)

Le projet portera sur l'élaboration et la mesure de l'efficacité d'un programme expérimental à l'intention des soignants-informels de personnes âgées atteintes de démence. Les résultats de ce projet permettront aux organismes socio-sanitaires de remplacer les interventions individuelles auprès des familles par une intervention de groupe moins onéreuse.

Le projet vise d'une part, à élaborer un programme de groupe s'adressant aux familles (soignants-informels) des personnes âgées atteintes de démence pour les informer de la maladie, de son évolution et de ses répercussions et pour les habiliter à mieux faire face aux comportements présentés par leur parent âgé atteint de démence. D'autre part, il vise à mesurer l'effet de ce programme sur la tolérance et la satisfaction de vie de la famille et sur la durée du maintien à domicile par rapport à un groupe contrôle.

Functional Evaluation for Caregiver Management of Patients With Alzheimer's Disease

Anne Opzoomer
Faculty of Health Sciences, University of Ottawa, 451 Smyth Road, Ottawa, Ontario, K1H 8M5

(4577-15-4R)

The project is Phase I of a three phase research plan. The objective of the research plan is to develop and test a clinical instrument that will identify the functional disabilities of a person with Alzheimer's disease. The instrument will provide health care professionals with a qualitative assessment which will translate into a treatment plan. Phase I involves the development of a model of the clinical instrument.

Three advisory panels of six experts will be formed. Two of the three panels will meet for a two day seminar during which the instrument will be developed: the third panel will be requested to ratify the "new" instrument, using a consensus model of decision making. If the instrument is approved, Phases II and III will be pursued.

The Dynamics of Family Caregiving to Relatives With Alzheimer's Disease

Sharon Warren
Faculty of Rehabilitative Medicine, University of Alberta, Room 115, S.W. Trailer Complex, Corbett Hall, University of Alberta, Edmonton, Alberta, T6G 2G4

(4577-18-5R)

This is a longitudinal study. Its objectives are: to determine the variables which help predict the length of time from diagnosis that an Alzheimer patient is kept at home by the primary caregiver; to determine whether there are differences in family involvement over time; to determine the coping effectiveness and impact of family involvement.

Interviews will be conducted with primary caregivers and other family members over a three year period. It will collect demographic data, identify variables to be examined and factors which focus on aspects of family involvement. Interviews will be carried out yearly and some preliminary analysis will be published at different stages.

ALZHEIMER'S DISEASE
MALADIE D'ALZHEIMER

Proposal for a Review of the Disability Literature and Its Relevance to Alzheimer's Disease and Other Dementia

Roy I. Brown
Walter Dinsdale Centre, University of Calgary, #610, 839 – 5th Avenue South West, Calgary, Alberta, T2P 3C8

(4577-18-3R)

The objective of this study is to do a literature review and produce a summary of literature in the field of disability with a view to transferring it to the field of Alzheimer's disease and allied dementia.

Design of an Evaluation Study of the Alzheimer Society of Manitoba

Barbara Wiktorowicz
Alzheimer Society of Manitoba, 205 Edmonton Street, Winnipeg, Manitoba, R3C 1R4

(4577-16-3)

The purpose of the project is to develop a detailed proposal for the evaluation of the programs of the Alzheimer Society of Manitoba in order to assess the impact of use of Society services on the use of formal institutional and community based services.

CAREGIVERS
DISPENSATEURS DE SOINS

Pour un examen de conditions de prise en charge par les familles des adultes dépendants dans les secteurs de la santé mentale et du vieillissement (terminé)

Nancy Guberman/Pierre Mabeu
Département de Travail Social, Université du Québec à Montréal, C.P. 8888, Succursale "A", Montréal (Québec), H3C 3P8

(4554-50-21)

L'objet du projet a trait aux conditions de prise en charge par les familles des adultes dépendants. Il s'agit d'explorer plus en profondeur, de saisir le "réel concret" de la problématique de la prise en charge dite "naturelle", sa nature et son impact sur les personnes concernées, et ce, tel que vu, raconté, analysé par les familles elles-mêmes dans les secteurs de la santé mentale et du vieillissement.

Il s'agit d'une recherche de type exploratoire d'entrevues enregistrées sur cassettes de 25 familles incluant leurs membres.

CONFERENCE
CONFERENCE

Invitational Conference on Family Caregiving (January 1990)

Dorothy M. Pringle
University of Toronto, 50 St. George Street, Toronto, Ontario, M5S 1A1

(4577-15-5C)

The goals of the conference are: to provide a comprehensive review of the dimensions of family/informal caregiving and to determine those that require further clarification; to identify research directions in terms of the development of measurement instruments and the evaluation of services; to develop collaborative groups of Canadian investigators who will address the future research issues; to explore ways of maintaining contact through the use of developments in communication technologies. The conference would be invitational only and would be directed at Canadian researchers who are currently studying or who have recently completed studies related to caregiving of impaired individuals.

OTHERS PROJECTS
AUTRES PROJETS

Transitional Operations (Completed) / Opérations de transition (terminé)

Jean-Claude Carisse
Canadian Association on Gerontology / Association canadienne de gérontologie, 1565 Carling Avenue, Suite 110, Ottawa, Ontario, K1Z 8R1

(4569-1-274)

To assist the CAG in improving its operations, establish new head office procedures and promote its services in both official languages.

Aider l'ACG à améliorer ses activités, à instaurer de nouvelles procédures au siège social et à promouvoir ses services dans les deux langues officielles.

Les femmes vieillissantes au travail et à la retraite: portée et pertinence de la différenciation sexuelle

Hélène David
Institut de recherche appliquée sur le travail (IRAT), 1259, rue Berri – bureau 900, Montréal (Québec), H2L 4C7

(4577-14-8R)

A partir d'une recension des travaux de recherche sur le vieillissement au travail et à la retraite, évaluer l'importance accordée à la différenciation sexuelle dans ces travaux et dégager des pistes de recherche pour mieux faire connaître les aspects touchant particulièrement la vie des femmes vieillissantes en emploi (travail et retraite).

La méthode privilégiée est l'analyse de documents suite à l'élaboration d'une grille d'analyse à cet égard. On prévoit aussi la construction d'un répertoire analytique de plus de 800 documents recensés.

On prévoit la rédaction d'un texte analytique sur l'état actuel des travaux axés sur les besoins de connaissance de la situation des femmes âgées au travail et à la retraite et l'identification de priorités de recherche concernant les femmes vieillissantes qui font encore ou qui ont fait partie de la population active.

Les femmes et le vieillissement au Canada: bibliographie multidisciplinaire annotée, 1975–1989 / Women and Aging in Canada: A Multidisciplinary Annotated Bibliography, 1975–1989 (Completed)

Denise Bélisle Gouault
Joint Chair in Women's Studies, University of Ottawa, 143 Séraphin Marion, Ottawa, Ontario, K1N 6N5

(4577-15-11S)

To translate, edit and publish the above-mentioned document: An annotated bibliography on women and aging in Canada.

L'édition et la traduction d'une bibliographie annotée sur les femmes et le vieillissement de même que la publication de ce document ont été réalisées.

Evaluation of Homesharing Agencies for the Elderly in Canada (Completed)

Gloria M. Gutman
Gerontology Research Centre, Simon Fraser University, Vancouver, British Columbia, V6B 5K3

(4559-27-5)

This project describes the range of client services and operational characteristics of Homesharing Agencies assisting the elderly in Canada by means of surveys and on-site visits. The study also attempts to ascertain the role of Homesharing Agencies in different parts of Canada.

Évaluation de l'impact de changements dans les règles d'allocation de ressources sur les activités des centres d'accueil d'hébergement publics et privés conventionnés pour personnes âgées

Réjean Landry
Département de science politique, Université Laval, Pavillon de Koninck, Université Laval, Québec (Québec), G1K 7P4

(4554-36-20)

Le but du projet est d'évaluer de façon rigoureuse et systématique l'impact de changements, survenus au cours des 5 dernières années, dans les règles d'allocation des ressources financières et dans les règles d'affectation du personnel sur le niveau des activités de production de services des centres d'accueil d'hébergement (CAH) publics et privés conventionnés pour personnes âgées.

À partir d'un échantillon de 15 Centres d'acceuil et d'hébergement (CAH) publics et de 15 CAH privés conventionnés, des entrevues auront lieu avec 60 gestionnaires et 240 travailleurs représentatifs des groupes opérationnels. L'analyse de contenu, statistique et comparative sera aussi utilisée.

Actualisation de soi et autonomie fonctionnelle des personnes âgées

Gilbert Leclerc/Richard Lefrançois
Direction générale de l'éducation permanente, Département de service social, Université de Sherbrooke, 2500, boulevard Université, Sherbrooke (Québec), J1K 2R1

(4554-29-2)

Cette recherche vise à vérifier l'hypothèse qu'une personne âgée qui s'actualise bien est susceptible d'être autonome au plan fonctionnel plus longtemps et d'utiliser moins les mécanismes d'assistance professionnelle et institutionnelle.

Après l'établissement d'un échantillon représentatif de la population francophone âgée de 65 ans et plus en provenance de l'Estrie et de la région métropolitaine de Montréal, on propose d'administrer une instrumentation diverse comprenant des questionnaires structurés, des tests, des entrevues semi-dirigées et la technique des histoires de vie.

Vieillissement, incapacité et institutionnalisation: impact de l'évolution des caractéristiques socio-démographiques des personnes âgées

Jacques Légaré
Groupe de recherche sur la démographie québécoise, Université de Montréal, C.P. 6128, Succursale "A", Montréal (Québec), H3C 3J7

(4577-14-9R)

Ce projet consiste à mesurer l'impact des caractéristiques socio-démographiques des personnes âgées et de leur évolution dans le temps sur la demande de services d'hébergement au Canada.

A partir des résultats d'une enquête réalisée par Statistiques Canada en 1987, calculer la propension à recourir à l'institutionnalisation, poursuivre les analyses statistiques des caractéristiques et modéliser les relations entre les variables pertinentes.

Traduction et édition d'un ouvrage international consacré au maintien à domicile des personnes âgées

Frédéric Lesemann
École de service social, Université de Montréal, C.P. 6128, Succursale "A", Montréal (Québec), H3C 3J7

(4577-14-12P)

Ce projet veut documenter les orientations qui se dégagent sur la scène internationnale, plus particulièrement au Canada, en France, en Allemagne, en Suède et aux Etats-Unis d'Amérique en ce qui a trait aux soins à domicile et communautaires des personnes agées et malades chroniques. L'ouvrage sera basé sur une synthèse critique des recherches récemment produites sur le sujet dans chacun des six pays. Le ministère français de la Santé finance la version française du livre prévu. La contribution de ce projet est de financer la traduction partielle du document et son édition en anglais.

Laboratory Centre for Disease Control
Laboratoire de lutte contre la maladie

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Aging-Related Diseases Division

Since the Division was created in April, 1988, members of the Aging-Related Diseases Division have been extensively involved in the Canadian Study of Health and Aging. In addition, the Division has initiated a number of other projects, most of which have been contracted out to experts.

ALZHEIMER'S DISEASE

Feasibility of Conducting a Case-Control Study of Alzheimer's Disease in Relation to Biological Markers of Potential Etiological Factors – Literature Review (Completed)

Serge Gauthier/Denyse Gautrin
McGill Centre for Studies on Aging, Montreal General Hospital, 1650 Cedar Ave., Montréal, Québec, H3G 1A4

Feasibility study: A review of published reports on conventional and unconventional viruses, aluminum, neurotoxic metals and trace elements, neurotoxins of biological origin and immune systems, suggest that environmental factors, possibly multiple ones, play a significant role in the etiology of Alzheimer's disease. A complex interaction between genetic predisposition to this illness, natural aging processes, environmental factors over a lifetime of exposure and pathological alterations of the host immune system is proposed. (Abstract – Gautrin, D, Gauthier, S. Alzheimer's disease: environmental factors and etiologic hypotheses. The Canadian Journal of Neurological Sciences. 1989; 16:375–387.)

Case-Control Study of Alzheimer's Disease in Relation to Biological Markers of Potential Etiological Factors (Completed)

Serge Gauthier/Denyse Gautrin
McGill Centre for Studies on Aging, Montreal General Hospital, 1650 Cedar Ave., Montréal, Québec, H3G 1A4

Pilot study: The objectives of this pilot study for a case-control investigation of Alzheimer's disease in relation to the presence of markers for potential etiological agents were:

- to compare the cost effectiveness of collecting biological specimens and exposure data during a home visit or during a visit to the hospital;
- to measure the agreement between information obtained from controls and surrogates and of making reliable measurements of suspected etiological agents;
- to determine the size and cost for the proposed case-control study.

Cases were between 40 and 85 years of age. They had a diagnosis of probable Alzheimer's disease according to the NINCDS-ADRDA criteria. They were outpatients living on the Island of Montreal, attending either the Montreal General Hospital or the Jewish General Hospital. There were 2 sets of controls: outpatients and population controls. Blood, urine and hair samples were collected for the measurement of several biological markers. Surrogates were interviewed for both cases and controls. For 5 population and 5 outpatient controls, both the control and their surrogate were interviewed in order to evaluate the agreement between informants.

It was concluded that in spite of variation in the level of information provided by the surrogate, according to the type of question, that a full scale study of biological markers would be feasible.

Study of Antibody Levels to Viruses Potentially Involved in Alzheimer's Disease

S. Gauthier, H. Bergman, A.M. Clarfield, F. Lebel and S. Kogan, McGill University, in collaboration with J. Lindsay, LCDC
McGill Centre for Studies on Aging, Montreal General Hospital, 1650 Cedar Ave., Montréal, Québec, H3G 1A4 and
Aging-Related Diseases Division, Bureau of Chronic Disease Epidemiology, Laboratory Centre for Disease Control, Ottawa, Ontario, K1A 0L2

Case-control study: The objectives were to investigate the occurrence of Alzheimer's disease in relation to the presence of markers for HSV1, HSV2 and HTLV-1 as potential etiological factors and the methods are as follows: One hundred Alzheimer's cases (out-patients) will be compared to a group of 100 controls. Approximately half of the cases are from the Montreal General Hospital and half from the Jewish General Hospital. The controls are patients at an ophthalmology clinic.

Study of Aging and Water Constituents (Aluminum and Alzheimer's Disease; Fluoride and Osteoporosis) (Completed)

L. Neri
856 Maplecrest Avenue, Ottawa, Ontario, K2A 2Z7

Feasibility study: This study determined the availability and usefulness of mortality, morbidity and water data for the province of Ontario for the purpose of studying the relationship between aluminum in drinking water and Alzheimer's disease, and fluoride levels and osteoporosis. It was determined that such a study would be feasible in Ontario.

Study of Aging and Water Constituents (Aluminum and Alzheimer's Disease; Fluoride and Osteoporosis)

L. Neri
856 Maplecrest Avenue, Ottawa, Ontario, K2A 2Z7

Case-control study – Ontario: Two case-control studies are being conducted using hospital morbidity data (Alzheimer's disease and osteoporosis). Water data has been obtained for most localities in Ontario, and levels of aluminum and fluoride added as appropriate to the hospital morbidity records. The analysis will examine associations between levels of aluminum and Alzheimer's disease, and fluoride and osteoporosis using conventional methods for analysing case-control studies.

Survey of Baseline Data on Dementia in Long Term Care Facilities in Ottawa-Carleton (Completed)

John Puxty and Anne Opzoomer
Queen's University, St. Mary's on the Lake Hospital, 340 Union St., Box 3600, Kingston, Ontario, K7L 4A5

Pilot study: A sample of institutions in the Ottawa area was selected and patients screened for dementia in order to determine the prevalence of dementia in institutions. It was found that there was a marked predominance of females in the population surveyed (75%). The overall prevalence of dementia in long term care facilities was estimated as 55%, which is considerably higher than originally anticipated.

The Occurrence of Alzheimer's Disease and Related Diseases in Canada – Rough Estimates and Projections Into the Future (Completed)

Donald M. Smith
Aging-Related Diseases Division, Bureau of Chronic Disease Epidemiology, Laboratory Centre for Disease Control, 692 Brooke Claxton Building, Tunney's Pasture, Ottawa, Ontario, K1A 0L2

Analysis of data from the Health and Activity Limitation Survey (Statistics Canada): The analysis was based on a question in the Health and Activity Limitation Survey (HALS) which asked if there was ongoing difficulty with ability to remember or learn. Possible reasons for such difficulty included Alzheimer's disease and "conditions related to aging". These two answers were taken as providing a rough indication of people suffering from Alzheimer's disease and other forms of dementia. Based on these data, projections were conducted of the prevalence of these problems to the year 2021.

Descriptive Analysis of the Learning and Memory Battery (Completed)

Tom Tombaugh
Department of Psychology, Carleton University Ottawa, Ontario K1S 5B6

Analysis of learning and memory tests: Approximately 500 subjects were analysed who had been tested on the Learning and Memory Battery (LAMB) developed by Drs. T.N. Tombaugh, Carleton University and Jim P. Schmidt of the Vancouver General Hospital. This test was designed to standardize a series of learning and memory tests which will be useful in a variety of hospital and clinical situations. Specifically, the LAMB will provide a comprehensive set of learning and memory norms for the Canadian population. Second, it will help identify and specify the types of memory impairments associated with illnesses such as Ahzheimer's disease. Third, it will provide information that will facilitate the planning of treatment programs and therapeutic interventions for patients suffering such impairments.

OSTEOPOROSIS

Workshop on Research Priorities for Osteoporosis (Completed)

Gerry Hill
Aging-Related Diseases Division, Bureau of Chronic Disease Epidemiology, Laboratory Centre for Disease Control, 692 Brooke Claxton Building, Tunney's Pasture, Ottawa, Ontario, K1A 0L2

Workshop: Experts in the field of osteoporosis and bone density were gathered together in Ottawa to discuss priorities for research in osteoporosis. A report was produced which contains a summary of consensus recommendations and details of the proceedings.

Prevalence of Osteoporosis – Feasibility of a Population Survey (Completed)

A.M. Tenenbouse
McGill University Bone Centre, The Montreal General Hospital, 1650 Cedar Ave., Montreal, Quebec, H3G 1A4

Feasibility study: The report consists of a literature review of osteoporosis and bone density measurement. A definitive study is proposed for a population-based study of bone density. The objectives would be to determine the peak bone mass and the prevalence of osteoporosis in the general population and to assess the importance of specific risk factors for the development of osteoporosis.

Pilot Study of the Prevalence of Osteoporosis – A Population Survey (Completed)

A.M. Tenenbouse
McGill University Bone Centre, The Montreal General Hospital, 1650 Cedar Ave., Montreal, Quebec, H3G 1A4

Pilot Study: A pilot study was undertaken to test the protocol designed to measure the prevalence of osteoporosis in the general population and the importance of several risk factors for the disease. The specific questions asked were: what is the feasibility of using an electoral list to select a random study population? what is the acceptability and utility of the questionnaire for measuring the importance of risk factors: what are the difficulties which result from using more than one bone densitometer? Another major objective was to get some measure of the population size needed to accurately determine the prevalence of osteoporosis and the importance of the various risk factors.

GENERAL

Aging-Related Diseases Monograph

Judith Ripley
1515 Dr. Penfield, Montreal, Quebec, H3G 2R8

Review of literature for 11 aging-related diseases: the monograph will consist of a literature review and presentation of basic mortality and morbidity statistics for the following diseases: Alzheimer's disease, osteoporosis, stroke, Parkinson's disease, Paget's disease, hyperplasia of the prostate, cataract, septicemia, herpes zoster, influenza and pneumonia. (The statistical tables will be provided by the Aging-Related Diseases Division, and the literature reviews done by Judith Ripley.)

Division des maladies reliées au vieillissement

Depuis la création de la Division des maladies reliées au vieillissement, en avril 1988, ses membres participent activement à l'Étude sur la santé et le vieillissement au Canada. La Division a également mis en oeuvre un certain nombre d'autres projets, dont la plupart ont été confiés à des spécialistes engagés sur une base contractuelle.

MALADIE D'ALZHEIMER

Faisabilité d'une étude cas-témoins sur les marqueurs biologiques des facteurs étiologiques potentiels de la maladie d'Alzheimer – revue de la documentation (terminé)

Serge Gauthier/Denyse Gautrin
Centre des études sur le vieillissement – Université McGill, Hôpital général de Montréal, 1650, avenue Cedar, Montréal (Québec), H3G 1A4

Étude de faisabilité: Un examen des rapports publiés sur les virus traditionnels et non traditionnels, l'aluminium, les métaux et les éléments à l'état de traces qui ont des effets neurotoxiques, ainsi que sur les neurotoxines d'origine biologique et les systèmes immunitaires laisse croire que des facteurs environnementaux, probablement multiples, jouent un rôle significatif dans l'étiologie de la maladie d'Alzheimer. Il semble y avoir une interaction complexe entre la prédisposition génétique à cette maladie, les processus naturels du vieillissement, les facteurs environnementaux auxquels une personne est exposée durant toute sa vie ainsi que les altérations pathologiques du système immunitaire hôte. (Résumé – Gautrin, D. Gauthier, S. : *Alzheimer's disease: environmental factors and etiologic hypotheses. Canadian Journal of Neurological Sciences*, 1989, vol 16. p. 375–387).

Étude cas-témoins sur les marqueurs biologiques des facteurs étiologiques potentiels associés à la maladie d'Alzheimer (terminé)

Serge Gauthier/Denyse Gautrin
Centre des études sur le vieillissement – Université McGill, Hôpital général de Montréal, 1650, avenue Cedar, Montréal (Québec), H3G 1A4

Étude pilote: Ce projet pilote, qui consistait en une étude cas-témoins sur la présence de marqueurs associés aux agents étiologiques potentiels de la maladie d'Alzheimer, avait pour but:

- de comparer la rentabilité du prélèvement d'échantillons biologiques et de la collecte de données sur l'exposition lors d'une visite à domicile ou à l'hôpital;
- de juger de la conformité des données recueillies auprès des témoins, et les substituts et d'obtenir des mesures fiables des agents étiologiques soupçonnés;
- de déterminer la taille et le coût de l'étude cas-témoins proposée.

Les malades étaient âgés de 40 à 85 ans; il s'agissait de personnes chez qui on avait diagnostiqué une maladie d'Alzheimer probable, sur la base des critères du NINCDS-ADRDA. Tous les malades, qui habitaient l'Île de Montréal, étaient traités en externe, soit à l'Hôpital général de Montréal, soit à l'Hôpital général juif. Il y avait deux groupes témoins: celui des malades de consultation externe et celui de la population. Des échantillons de sang, d'urine et de cheveux ont été prélevés pour mesurer plusieurs marqueurs biologiques. Des substituts ont été interrogés à la fois pour les malades et les témoins. Par ailleurs, pour cinq témoins des malades de consultation externe et cinq témoins de la population en général, le témoin et son substitut ont été interrogés pour évaluer le degré de conformité des informations recueillies.

En dépit de l'écart des données recueillies auprès des substituts, suivant le type de question, les chercheurs ont conclu à la faisabilité d'une étude à grande échelle sur les marqueurs biologiques.

Étude sur les taux d'anticorps contre les virus susceptibles d'intervenir dans la maladie d'Alzheimer

S. Gauthier, H. Bergman, A.M. Clarfield, F. Lebel et S. Kogan, Université McGill, en collaboration avec J. Lindsay, LLCM
Centre des études sur le vieillissement – Université Mcgill, Hôpital général de Montréal, 1650, avenue Cedar, Montréal (Québec), H3G 1A4 et
Division des maladies reliées au vieillissement, Bureau de l'épidémiologie des maladies chroniques, Laboratoire de lutte contre la maladie, Ottawa (Ontario), K1A 0L2

Étude cas-témoins dont les objectifs sont d'étudier la fréquence de la maladie d'Alzheimer en relation avec la présence de marqueurs pour HSV1, HSV2 et HTLV-1 comme facteurs étiologiques potentiels. La méthodologie retenue comporte cent sujets atteints de la maladie d'Alzheimer (traités en consultation externe) qui seront comparés à un groupe de 100 témoins. Environ la moitié des cas provient de l'Hôpital général de Montréal et les autres, de l'Hôpital général juif. Les témoins sont choisis parmi des malades traités dans une clinique d'ophtalmologie.

Étude sur le vieillissement et les constituants de l'eau (aluminium et maladie d'Alzheimer; fluorure et ostéoporose)

L. Neri
856, avenue Maplecrest, Ottawa (Ontario) K2A 2Z7

Étude cas-témoins – Ontario: Deux études cas-témoins utilisant les données sur la morbidité dans les hôpitaux sont en cours (maladie d'Alzheimer et ostéoporose). Les données sur l'eau ont été obtenues de la plupart des localités de l'Ontario; et les taux d'aluminium et de fluorure ont été ajoutés, le cas échéant, aux dossiers. Cette analyse a pour but d'examiner, à l'aide des méthodes classiques utilisées pour les études cas-témoins, la relation entre les taux d'aluminium et la maladie d'Alzheimer ainsi qu'entre le niveau de fluorure et l'ostéoporose.

Étude sur le vieillissement et les constituants de l'eau (aluminium et maladie d'Alzheimer; fluorure et ostéoporose) (terminé)

L. Neri
856, avenue Maplecrest, Ottawa (Ontario) K2A 2Z7

Étude de faisabilité: Cette étude avait pour but de déterminer la disponibilité et l'utilité des données sur la mortalité, la morbidité et l'eau en Ontario pour l'étude des liens entre, d'une part, la présence d'aluminium dans l'eau potable et la maladie d'Alzheimer et, d'autre part, les niveaux de fluorure et l'ostéoporose. On a conclu à la faisabilité d'une telle étude en Ontario.

Étude des données de base sur la démence dans des établissements de soins de longue durée de la région d'Ottawa-Carleton (terminé)

John Puxty et Anne Opzoomer
Hôpital St. Mary's on the Lake, Université Queen, 340, rue Union, C.P. 3600, Kingston (Ontario), K7L 4A5

Étude pilote: Un échantillon d'établissements de la région d'Ottawa a été sélectionné et des malades ont été évalués afin de déterminer la prévalence de la démence dans ces établissements. On a constaté une forte prédominance des femmes (75 p. 100) parmi la population étudiée. La prévalence globale de la démence dans les établissements de soins de longue durée a été estimée à 55 p. 100, ce qui est nettement supérieur aux prévisions initiales.

Fréquence de la maladie d'Alzheimer et des maladies connexes au Canada – estimations et projections approximatives (terminé)

Donald M. Smith
175, avenue Daniel, Ottawa (Ontario), K1Y 0E1

Analyse des données obtenues de l'Enquête sur la santé et les limitations d'activités (Statistique Canada): Cette analyse a été effectuée à partir des réponses obtenues à une question de l'Enquête sur la santé et les limitations d'activités, dans laquelle on demandait aux sujets s'ils éprouvaient des troubles d'apprentissage ou de mémoire permanents. Parmi les raisons susceptibles d'expliquer cette difficulté, les sujets ont indiqué la maladie d'Alzheimer et les troubles "associés au vieillissement". On s'est servi de ces deux réponses pour déterminer de façon approximative le nombre de personnes souffrant de la maladie d'Alzheimer et d'autres formes de démence. A partir de ces données, des projections sur la prévalence de ces problèmes ont été établies jusqu'en l'an 2021.

Analyse descriptive de la batterie de tests d'apprentissage et de mémoire (terminé)

Tom Tombaugh
Département de psychologie, Université Carleton, Ottawa (Ontario), K1S 5B6

Analyse des tests d'apprentissage et de mémoire: Ce projet a permis d'évaluer environ 500 sujets qui avaient été soumis à la batterie de tests d'apprentissage et de mémoire mise au point par T.N. Tombaugh de l'Université Carleton et Jim P. Schmidt de l'Hôpital général de Vancouver. Cette analyse avait pour but de mettre au point une série uniformisée de tests d'apprentissage et de mémoire qui pourraient ensuite servir à diverses évaluations en milieu hospitalier et clinique. De façon plus précise, cette batterie de tests permettra d'établir une série exhaustive de normes d'apprentissage et de mémoire pour la population canadienne. Elle aidera également à identifier et à préciser les différents types de troubles de mémoire associés à certaines maladies comme la maladie d'Alzheimer. Enfin, elle fournira des données qui faciliteront la planification des programmes de traitement et des interventions thérapeutiques pour les malades souffrant de troubles de cette nature.

OSTEOPOROSE

Atelier sur les priorités de recherche dans le domaine de l'ostéoporose (terminé)

Gerry Hill
Division des maladies reliées au vieillissement, Bureau de l'épidémiologie des maladies chroniques, Laboratoire de lutte contre la maladie, 692 Immeuble Brooke Claxton, Pré Tunney, Ottawa, (Ontario), K1A 0L2

Atelier: Des spécialistes du domaine de l'ostéoroporose et de la densité des os se sont réunis à Ottawa pour discuter des priorités de recherche dans ce domaine. Un rapport a été rédigé; il présente un résumé des recommandations auxquelles en sont arrivés les participants, ainsi qu'un compte rendu détaillé de l'atelier.

Prévalence de l'ostéoporose – faisabilité d'une étude démographique (terminé)

A.M. Tenenbouse
Centre de recherche sur les os, Université McGill, Hôpital général de Montréal, 1650, avenue Cedar, Montréal (Québec), H3G 1A4

Étude de faisabilité: Le rapport fait la synthèse des ouvrages sur l'ostéoporose et la mesure de la densité des os. Une étude démographique précise sur la densité des os est proposée; elle aurait pour but de déterminer la masse osseuse maximale et la prévalence de l'ostéoporose dans la population en général et d'évaluer l'importance des facteurs de risque particuliers dans le développement de l'ostéoporose.

Étude pilote sur la prévalence de l'ostéoporose – étude démographique (terminé)

A.M. Tenenbouse
Centre de recherche sur les os, Université McGill, Hôpital général de Montréal, 1650, avenue Cedar, Montréal (Québec), H3G 1A4

Étude pilote: Une étude pilote a été effectuée dans le but d'évaluer le protocole conçu pour mesurer la prévalence de l'ostéoropose dans la population en général et l'importance de plusieurs facteurs de risque associés à cette maladie. Voici les questions précises qui ont été posées : Est-il possible d'utiliser une liste électorale pour sélectionner un échantillon démographique aléatoire? Dans quelle mesure le questionnaire est-il acceptable et utile pour mesurer l'importance des facteurs de risque? Quels sont les problèmes qui résultent de l'utilisation de plus d'un densitomètre? Un autre objectif majeur de cette étude était de définir dans une certaine mesure la taille de l'echantillon de population nécessaire pour déterminer avec précision la prévalence de l'ostéoporose et l'importance des divers facteurs de risque.

GENERAL

Monographie sur les maladies liées au vieillissement

Judith Ripley
1515, Dr Penfield, Montréal (Québec), H3G 2R8

Revue de la littérature médicale sur onze maladies liées au vieillissement : La monographie se composera d'une revue de la littérature médicale et des statistiques de base de mortalité et de morbidité en ce qui concerne les maladies suivantes : maladie d'Alzheimer, ostéoporose, accident vasculaire cérébral, maladie de Parkinson, maladie de Paget, hyperplasie de la prostate, cataracte, septicémie, zona, grippe et pneumonie. (Les tableaux statistiques seront communiqués par la Division des maladies liées au vieillissement, et Judith Ripley fera la revue de la littérature médicale.)

Health Policy Division
Division de la politique de la santé

Aging Policy Research

The Health Policy Division, Policy, Planning and Information Branch is involved in a variety of research projects concerning the quality of life and independence of older Canadians.

For example, three commissioned studies have been completed concerning informal caregiving, long-term care and older workers. These are:

Formal Programs for Informal Caregivers to Elders

Neena Chappell
Centre for Aging, University of Manitoba, 3rd Floor, Ibister Building, Winnipeg, Manitoba, R3T 2N2

This document provides an assessment of the types of programs, benefits and services that are available to informal caregivers of seniors in Canada. Dr. Chappell's paper identifies a need for formal programs to support informal caregivers that accept a broad, social perspective of health that deals with the social, economic, environmental as well as the physical factors of well-being. The type of support informal caregivers need includes relief, support groups and to a lesser extent financial assistance. An issue that Dr. Chappell recommends be given further attention is the effects caregiving has on employees, and the respective roles and responsibilities of employers and employees for elder care.

Models for Community-Based Long Term Care: An Analytical Review

Victor Marshall
University of Toronto, Behavioural Science, McMurrich Building, Toronto, Ontario, M5S 1A8

This document examines long term care (LTC) in Canada from a perspective of those various programs and services that are maintaining the independence of older Canadians. Dr. Marshall concludes that the best models for LTC are also complex – not residing within one domain or sector (such as the health sector) but will of necessity require intersectoral and interjurisdictional coordination and imple- mentation. To deal with some of the information gaps in the field Dr. Marshall recommends that more be done to measure the dynamics of the LTC system, i.e. track the flow of people through the system. Professor Marshall concludes that Canada's LTC programs and services are threatened in three ways: by being disorganized and fragmented; by assessing models on their cost-effectiveness alone and finally by medical and hospital-based interests that are seeking to develop their own interests in the area.

Older Workers in an Aging Society: Trends, Theories and Policies

Gilles Grenier
Department of Economics, University of Ottawa, 550 Cumberland, Ottawa, Ontario, K1N 6N5

This document examines the trends, issues and programs that enable older workers to continue to work, some of the specific recommendations of Professor Grenier to deal with the labour force needs of an aging society are the abolishment of mandatory retirement, gradually increasing the age of entitlement for public pension benefits, encouraging partial rather than full-time retirement, improving older worker training and assistance for those who are unemployed, initiating affirmative action employment programs with specific objectives for older workers and supporting further research on older worker issues.

PPIB is also participating in two on-going research projects which are:

Canada's Elderly Projecting Health and Income Demography (CEPHID)

Michael Wolfson, *Coordinator*
Statistics Canada, 24th Floor, R.H. Coats Building, Tunney's Pasture, Ottawa, Ontario, K1A 0T6

This project, in collaboration with the Seniors Secretariat, Statistics Canada, Canada Mortgage and Housing Corporation and the Institute for Research on Public Policy, is to develop a micro **simulation model** that will be able to project the health, housing and income characteristics of Canadians into the twenty-first century. Major accomplishments to date include the construction of a family projection model and the specification of relationships between health, income and independence status of older Canadians. A test version of the model will be available in 1991 and a workshop will be held to consider the social support needs of older Canadians under various assumptions.

Health and Independence Expectancy of Canada's Seniors

Russell Wilkins/Owen Adams
Canadian Center for Health Information, R.H. Coats Building, 18th Floor, Tunney's Pasture, Ottawa, Ontario, K1A 0T6

This project is a collaborative effort between Community Health Division, the Seniors Secretariat, PPIB and Statistics Canada to prepare a report on the Health and Independence Expectancy of Canada's Seniors. The objective of the report is to examine the relationship between health status and independence by various socio-demographic characteristics of older Canadians. Both an overview report and detailed provincial/regional tables will be published in 1991.

Recherche sur la politique du vieillissement

La Division de la politique de la santé, de la Direction générale de la politique, des communications et de l'information, participe à divers projets de recherche sur la qualité de la vie et l'autonomie des aîné(e)s du Canada.

Par exemple, trois études commandées sur la prestation de soins non constitués, les soins de longue duré et les travailleurs âgés ont été réalisées. Voici un brève description de ces études.

Programmes constitués à l'intention des pourvoyeurs de soins non constitués aux aînés

Neena Chappell
Centre for Aging, University of Manitoba, 3rd Floor, Ibister Building, Winnipeg, Manitoba, R3T 2N2

Ce document fournit une évaluation de tous les types de programmes d'avantages et de services offerts aux pourvoyeurs de soins non constitués aux aînés du Canada. Le Dr Chappell, estime qu'il faut élaborer à l'intention des pourvoyeurs de soins non constitués des programmes de soutien structurés qui abordent la santé dans une perspective globale et sociale considérant les facteurs sociaux, économiques, environnementaux ainsi que physiques du bien-être. Le type de soutien dont les pourvoyeurs de soins non constitués ont besoin incluent les services de relève, les groupes de soutien et, dans une moindre mesures, une aide financière. Enfin, le Dr Chappell recommande d'accorder une plus grande attention aux effets que la prestation de soins peut avoir sur les employés, ainsi qu'aux rôles et aux responsabilités respectifs des employeurs et des employés en ce qui a trait aux soins aux aînés.

Modèles de soins communautaires de longue durée: examen analytique

Victor Marshall
University of Toronto, Behavioural Science, McMurrich Building, Toronto, Ontario, M5S 1A8

Ce document examine les soins de longue durée fournis aux Canadiens en considérant la capacité de ces divers programmes et services de favoriser le maintien de l'autonomie chez les personnes âgées au Canada. Le Dr Marshall conclut que les meilleurs modèles de soins de longue durée sont complexes – ils ne sont pas limités à un seul domaine ou à un seul secteur (tel le secteur de la santé), et leur coordination et leur application exigeront nécessairement une coopération entre les divers secteurs et paliers de compétence. Afin de corriger

certaines des lacunes relatives à l'information dans le domaine, le Dr Chappell recommande d'encourager les initiatives visant à mesurer la dynamique du système de soins de longue durée ou, en d'autres mots, à suivre les mouvements de la clientèle. Le professeur Marshall conclut que les programmes et les services de soins de longue durée au Canada sont menacés de trois façons: ils sont mal organisés et fragmentés; les modèles ne sont évalués que sur la base de leur rentabilité; enfin, des groupes au sein du corps médical et des hôpitaux privilégient leurs propres intérêts dans le domaine.

Les travailleurs âgés dans une société vieillissante: tendances, théories et politiques

Gilles Grenier
Département de sciences économiques, Université d'Ottawa, 550 Cumberland, Ottawa, Ontario, K1N 6N5

Ce document examine les tendances, les questions et les programmes qui permettent aux travailleurs âgés de continuer de faire partie de la main-d'oeuvre active. Parmi les mesures particulières que recommande le professeur Grenier pour répondre aux besoins de main-d'oeuvre d'une société vieillissante, mentionnons l'abolition de la retraite obligatoire, l'élévation graduelle de l'âge d'admissibilité aux prestations de régime général, l'incitation à la retraite partielle par opposition à la retraite totale, l'amélioration de la formation fournie aux travailleurs âgés et des programmes d'aide aux chômeurs, la mise en oeuvre de programmes d'action positive d'embauchage prévoyant des objectifs particuliers pour les travailleurs âgés et le financement d'études additionnelles sur les questions intéressant les travailleurs âgés.

La Direction générale de la politique, de la planification et de l'information collabore également à deux projets de recherche en cours:

Projection concernant la santé, les revenus et la démographie des personnes aînées canadiennes (titre provisoire)

Michael Wolfson, *Coordonnateur*
Statistique Canada, 24e étage, Immeuble R.H. Coats, Pré Tunney, Ottawa, Ontario, K1A 0T6

Ce projet, réalisé de concert avec le Secrétariat du troisième âge, Statistique Canada, la Société canadienne d'hypothèques et de logement et l'Institut de recherches politiques, on cherche à mettre au point um modèle de simulation assisté par ordinateur qui permettra de faire des projections sur les caractéristiques se rattachant à la santé, au logement et au revenu des Canadiens au XXIe siècle. Au nombre des réalisations importantes à ce jour, mentionnons l'élaboration d'un modèle de projection familial et la détermination des liens

existant entre la santé, le revenu et l'autonomie des personnes âgées au Canada. On prévoit de diffuser un prototype du modèle en 1991 et de tenir un atelier afin d'examiner les besoins d'aide sociale des aîné(e)s du Canada à la lumière des diverses hypothèses.

Espérance de vie en bonne santé et sans perte d'autonomie (titre provisoire)

Russel Wilkins/Owens Adams
Centre Canadien d'information sur la santé, Statistique Canada, Immeuble R.H. Coats, 18e étage, Pré Tunney, Ottawa, Ontario, K1A 0T6

Ce projet, auquel collaborent la Division de la santé communautaire, le Secrétariat du Troisième Age, la Direction générale de la politique, des communications et de l'information et Statistique Canada, vise l'élaboration d'un rapport sur les attentes en matière de santé et d'autonomie des personnes âgées au Canada. Le rapport examinera la relation qui existe entre l'état de santé et l'autonomie selon diverses caractéristiques socio-démographiques des aîné(e)s canadien(ne)s. On prévoit de publier en 1991 une vue d'ensemble ainsi que des tableaux détaillés par province et par territoire.

Community Health Division
Division de la santé communautaire

The Community Health Division commissioned three studies on the seniors' independence. The executive summaries are available from:

Community Health Division
Health and Welfare Canada
Room 605, Jeanne Mance Building
Tunney's Pasture
Ottawa, Ontario
K1A 1B4

Contributors to the Loss of Independence and the Promotion of Independence Among Seniors, Literature Review and Consultation With Key Informants

Anne Martin Matthews
Gerontology Research Centre, University of Guelph, Guelph, Ontario, N1G 2W1

The purpose of this project has been to review the literature and gather information from key informants across Canada pertaining to the contributors to the loss of independence among seniors. The literature was identified by the use of key words in a series of bibliographic and manual searches. Key informants across the country were contacted and asked for information in their particular areas. Consultants were approached to review particular sections of the draft of this Review in which they had expertise. The Review represents a synthesis of information gleaned from all processes used to gather information.

The working definition used in the Review for the concept of independence was designed to convey the ability to master one's environment in the broadest sense: the sense that one still has some control over one's life, one's friends, actions, needs, and self-esteem. Thus, the term independence is actually a composite of several concepts that describe personality, interpersonal relationships, actions or specific situations or conditions. Independence, therefore, does not constitute only self-care and self-maintenance in the community, but is situationally defined across a continuum which includes institutional as well as community living.

The report contains a series of specific recommendations as well as a useful bibliography.

An Examination of Aspects of Public Health, Health Services and Social Services Which Address Seniors' Independence

W.F. Forbes
University of Waterloo, Program in Gerontology, Waterloo, Ontario, N2L 3G1

The purpose of this project has been to examine and summarize aspects of services which aim to facilitate the independence of older persons and, as a result of this examination, to critically discuss options which are expected to improve the available services. The independence of elderly persons is defined as a state in which elderly persons can maintain control of their lives as effectively as possible. This ability to maintain independence can be considered as arising from a balance of four factors, namely the assets and deficits of older persons, and the assets and deficits of their care-givers. Assets are largely social, and include the ability to manage, while deficits are mainly in the medical domain. In discussing aspects of services which are relevant to independence, the focus is on the non-institutionalized elderly, although it is realized that independence can also be enhanced in institutions.

Specifically, this project addresses aspects of public health, health services and social services, which affect seniors independence, using the framework of primary, secondary and tertiary prevention.

Primary prevention is concerned with keeping a disease from occurring, secondary prevention promotes early diagnosis of existing disease so as to minimize damage, and tertiary prevention includes treatment, rehabilitation and care-giver support. This report contains a series of specific recommendations as well as a useful bibliography.

An Examination of Innovative Approaches By Public Health, Health Services and Social Services to Address Seniors' Independence

W.F. Forbes
University of Waterloo, Program in Gerontology, Waterloo, Ontario, N2L 3G1

This report outlines innovative programs which are either under discussion, or which have been implemented, in Canada and in a number of countries. They deal mainly with community programs care in the areas of health services, social services, public health and with their co-ordination. The evaluation and inspection aspect of services for elderly people as well as the issues of housing, transportation and services to ethnic groups in Canada and in some countries are examined. Innovation is considered new ways of implementing programs and novel approaches to facilitating the independence of older persons. Innovation does not mean the expansion of an existing program, nor the offering of the same program in a different geographic, or other, setting. Characteristics of independence relate to having options related to choice, maintaining control, doing things on one's own and not being completely dependent on others.

The Community Health Division commissioned one study on the issue of Private Home Care Services.

Private Home Care Services

Community Health Division
Health and Welfare Canada, Room 606, Jeanne Mance Building, Tunney's Pasture, Ottawa, Ontario, K1A 1B4

The purpose of this project is to document the nature and scope of private home care services in Canada with an emphasis on those that have incorporated particularly innovative approaches regarding types of services, models of service delivery (including linkages with the public and informal sectors) and personnel training provided.

This study will provide information on an important sector of the home care delivery system about which very little is currently known. It will give a more complete picture and allow greater understanding of available services in Canada. Health care planners and decision makers will consequently be better prepared to make decisions regarding home care services. The final report is expected to be ready in late 1991.

La division de la santé communautaire a commandé trois études portant sur l'autonomie et l'indépendance des personnes âgées. Les résumés de ces trois études sont disponibles à la:

Division de la santé communautaire
Santé et Bien-être social Canada
Pièce 605, Édifice Jeanne Mance
Pré Tunney
Ottawa (Ontario)
K1A 1B4

Facteurs qui contribuent à la perte d'autonomie ou la promotion de l'autonomie des personnes âgées, étude documentaire et consultation des informateurs clés

Anne M. Matthews
Centre de recherche en gérontologie, Université de Guelph, Guelph (Ontario), N1G 2W1

Le projet consistait à passer en revue la littérature et à recueillir des données d'informateurs-clés des quatre coins du pays concernant les facteurs qui contribuent à la perte d'autonomie chez les personnes âgées. Les ouvrages ont été choisis par l'utilisation de mots repères dans le cadre de recherches bibliographiques et non informatisées. Les informateurs-clés ont fourni des renseignements sur leurs régions particulières. On a également demandé à des consultants de réviser les parties de l'ébauche de projet dans leurs domaines respectifs de spécialité. Le document final est une synthèse des données recueillies par les divers processus de collecte de l'information utilisée.

Aux fins de l'étude, l'autonomie a été définie dans l'optique d'une aptitude à dominer l'environnement au sens large : la capacité d'avoir une certaine maîtrise de sa vie, de ses relations amicales, de ses activités, de ses besoins et de son estime de soi. L'autonomie est donc une combinaison de plusieurs notions applicables à la personnalité, aux relations interpersonnelles, à des actes et à des situations ou conditions particulières. Ce terme ne comprend pas uniquement les initiatives personnelles en matière de santé et l'autosuffisance au sein de la collectivité, mais s'inscrit dans un continuum qui englobe la vie en établissement au même titre que dans la collectivité.

Le rapport contient une série de recommandations spécifiques de même qu'une bibliographie des plus utiles.

Examen de tous les aspects de la santé publique, des services de santé et des services sociaux associés à l'autonomie des aîné(e)s

W.F. Forbes
Programme d'études en gérontologie de l'Université de Waterloo, Waterloo (Ontario), N2L 3G1

L'objectif de ce projet était d'analyser et de faire un résumé des aspects des services qui sont axés sur l'autonomie des personnes âgées, de même que d'un examen critique des moyens d'améliorer les services offerts. L'autonomie des aîné(e)s est définie comme la capacité pour les gens âgés de rester le plus possible maîtres de leur vie. Cette capacité d'être autonome dépend de l'équilibre entre quatre facteurs: les possibilités et les limites des personnes âgées, et celles de leur prestateurs de soins. Les possibilités sont principalement sociales; il s'agit notamment de l'aptitude à se débrouiller, alors que les limites sont surtout d'ordre médical. Notre étude porte principalement sur les services aux gens âgés qui ne sont pas placés en établissement, même si nous n'ignorons pas que l'autonomie de ces derniers peut également être accrue.

L'examen dont les résultats sont présentés a été fait en fonction des trois types de prévention: primaire, secondaire et tertiaire. La prévention primaire vise à prévenir la maladie; la prévention secondaire encourage le dépistage précoce de maladies existantes de façon à en réduire les effets; la prévention tertiaire comprend le traitement, la réadaptation et l'apppui des dispensateurs de soins. Ce rapport contient une série de recommandations spécifiques de même qu'une bibliographie des plus utiles.

Un examen des approches innovatrices proposées par les services de santé publique, les services de santé et les services sociaux afin de favoriser l'autonomie des aîné(e)s

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Les auteurs de ce rapport brossent un tableau des programmes innovateurs qui font actuellement l'objet de discussions ou qui ont déjà été mis en oeuvre dans différents pays, dont le Canada. Ils traitent surtout des programmes qui se rattachent aux soins communautaires dans les domaines des services de santé, des services sociaux et des services de la santé publique ainsi que de leur coordination. L'évaluation et l'inspection des différents services pour les aîné(e)s ainsi que des questions sur le logement, les transports et les services aux groupes ethniques au Canada et dans quelques pays sont aussi examinées. L'innovation est considérée comme une nouvelle façon de mettre un programme en application; elle comporte de nouvelles approches favorisant l'autonomie des personnes âgées. L'innovation ne signifie pas l'expansion d'un programme qui existe déjà, ni la prestation du même programme dans une région géographique différente ou dans un milieu différent. Les caractéristiques de l'autonomie consistent à pouvoir faire des choix, à rester maître de la situation, à réaliser des choses par soi-même et à ne pas dépendre complètement d'autres personnes.

La Division de la santé communautaire a commandé une étude sur la question des services privés de soins à domicile.

Services privés de soins à domicile

Division de la santé communautaire
Santé et Bien-être social Canada, Pièce 606, Immeuble Jeanne Mance, Pré Tunney
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L'objet de ce projet est de documenter la nature et de l'étendue des services de soins privés à domicile au Canada; avec une emphase sur les services qui ont particulièrement incorporé des approches innovatrices en regard de certains types de services, modèles de prestation des soins (incluant des liens avec les services publiques et informels) et de formation du personnel.

Cette étude fournira des informations sur une partie importante du système de prestation de soins à domicile sur laquelle très peu est connue. L'étude donnera une image plus complète et permettra une meilleure compréhension des services disponibles au Canada. Les planificateurs des soins de santé et les décideurs seront conséquemment mieux préparés pour prendre les décisions relatives aux services de soins à domicile. Le rapport final sera disponible à la fin de l'année 1991.

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